Annual Report 2018

of the certified Gynaecology Cancer Centres

Audit year 2017 / Indicator year 2016

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General information

Quallity indicators of the guidelines (GL QI):

In the table of contents and in the respective headings the indicators, which correspond to the quality indicators of the evidence-based guidelines are specifically identified. The quality indicators identified in this way are based on the strong recommendations of the guidelines and were derived from the guidelines groups in the context of the guideline programme oncology. Further information: www.leitlinienprogramm-onkologie.de

	Definition of indicator	All clinical sites 2014	
		Median	Range
Numerator	All surgically treated primary cases presented in the tumour conference	151*	46 - 801
Population	Surgically treated primary cases (for definition of a primary case see 5.2.1)	152*	46 - 806
Rate	Target ≥ 95%	100%	93.75% - 100%

Basic data indicator:

The definitions of numerator, population (=denominator) and target value are taken from the Data Sheet.

The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

The values for the numerators, populations and rates of all Centres are given under range.
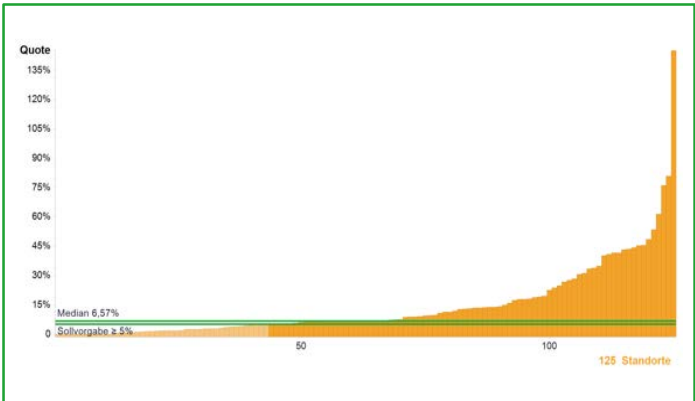
Diagram:

The x-axis indicates the number of Centres, the y-axis gives the values in percent or number (e.g. primary cases). The target value is depicted as a horizontal green line. The median, which is also depicted as a green horizontal line, divides the entire group into two equal halves.

General information

	2011	2012	2013	2014	2015
Max	62,20%	58,53%	55,79%	59,81%	58,77%
95. Perzentil	41,85%	40,37%	41,85%	42,08%	43,05%
75. Perzentil	32,91%	34,07%	34,15%	34,50%	34,43%
Median	28,83%	28,57%	29,41%	29,13%	28,65%
25. Perzentil	23,65%	23,37%	24,41%	22,77%	22,56%
5. Perzentil	17,21%	16,33%	18,21%	16,67%	15,89%
Min	11,74%	10,27%	9,52%	10,00%	12,82%
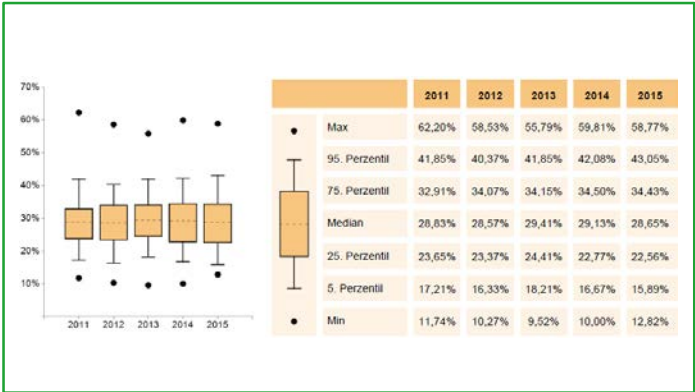
Cohort development:

The cohort development in the years **2012, 2013, 2014, 2015** and **2016** is presented in a box plot diagram.
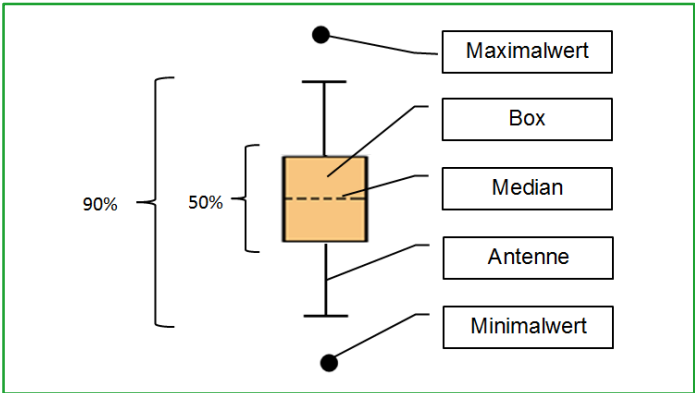
Box plot:

A box plot consists of a **box with median**, **whiskers** and **outliers**. 50 percent of the Centres are within the box. The median divides the entire available cohort into two halves with an equal number of Centres. The whiskers and the box encompass a 90th percentile area/range. The extreme values are depicted here as dots.

Status of the certification system for Gynaecology Cancer Centres 2017

	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013	31.12.2012
Ongoing procedures	10	6	8	8	9	8
Certified Centres	134	133	123	110	98	78
Certified clinical sites	136	135	125	112	100	80
Gynaecology Cancer Centres with 1 clinical site	132	131	121	108	96	76
2 clinical sites	2	2	2	2	2	2
3 clinical sites	0	0	0	0	0	0
4 clinical sites	0	0	0	0	0	0

Clinical sites taken into account

	31.12.2017	31.12.2016	31.12.2015	31.12.2014	31.12.2013	31.12.2012
Clinical sites included in the Annual Report	128	125	112	103	86	71
equivalent to	94,1%	92,6%	89,6%	92,0%	86,0%	88,7%
Primary cases total	12.087	11.587	10.412	9.390	8.020	6.301
Primary cases per clinical site (mean)*	94	93	93	91	93	89
Primary cases per clinical site (median)*	76	79	79	79	84	79

*The figures are based on the clinical sites listed in the Annual Report.

This Annual Report looks at the Gynaecology Cancer Centres certified in the Certification System of the German Cancer Society. The Data sheet which is part of the Catalogue of Requirements (Catalogue of Requirements Certification) is the basis for the diagrams.

128 out of the 136 certified clinical sites of the Centres are included in the Annual Report. 8 clinical sites, certified for the first time in 2017, are not included (data depiction of a full calendar year is not mandatory for initial certifications). An up-to-date overview of all certified clinical sites is given on www.oncomap.de.

The indicators published here refer to the indicator year 2016. They are the assessment basis for the audits conducted in 2017.

Tumour documentation systems in the Centres' clinical sites

CREDOS: 5 (3,91%)

Tudok (Tumorzentrum Regensburg): 4 (3,13%)

GTDS: 26 (20,31%)

ODSeasy / ODSeasy Net: 39 (30,47%)

Andere: 13 (10,16%)

Alcedis MED: 5 (3,91%)

Ondis: 5 (3,91%)

Eigenentwicklung (MS Excel, MS Access etc.): 11 (8,59%)

TRM: 8 (6,25%)

c37.CancerCenter: 5 (3,91%)

onkodok (XAXOA): 7 (5,47%)
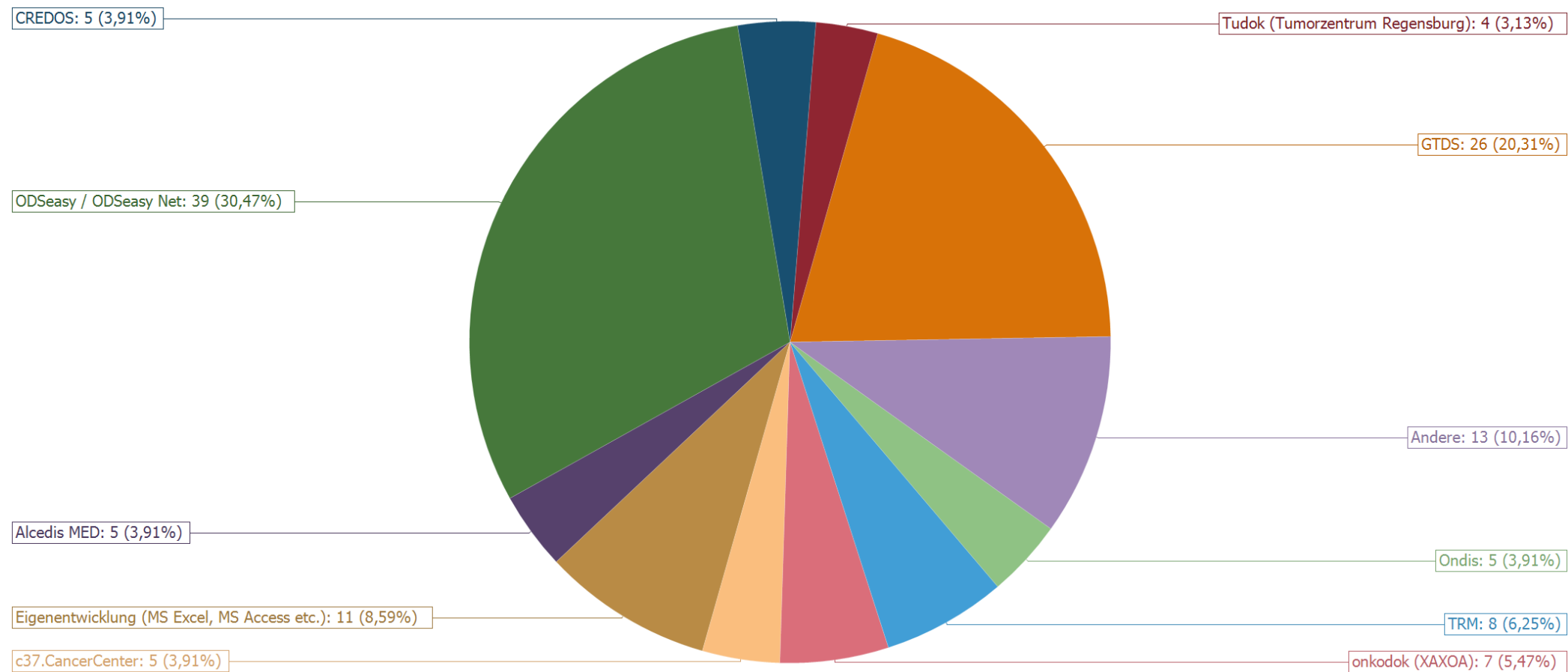
Legend:	
Other	System used in ≤ 3 clinical sites

The details on the tumour documentation system were taken from the EXCEL annex to the Data Sheet (spreadsheet basic data). It is not possible to indicate several systems. In many cases support is provided by the cancer registers or there may be a direct connection to the cancer register via a specific tumour documentation system.

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Basic data – total case number (primary and non-primary cases)

Total case number (primary and non-primary cases)

Primary cases

Endometrial carcinoma; 31.70%

Cervical carcinoma; 17.85%

Borderline ovary; 6.24%

Ovary carcinoma 27.62%

Vulva carcinoma; 11.24%

Vaginal carcinoma; 1.46%

Other*; 3.91%

Primary cases; 71.51%

Non-primary cases; 28.49%

Non-primary cases

Borderline ovary; 1.18%

Cervical carcinoma 13.94%

Endometrial carcinoma; 18.92%

Vulva carcinoma 12.83%

Ovary carcinoma 48.63%

Vaginal carcinoma; 1.83%

Other*; 4.67%
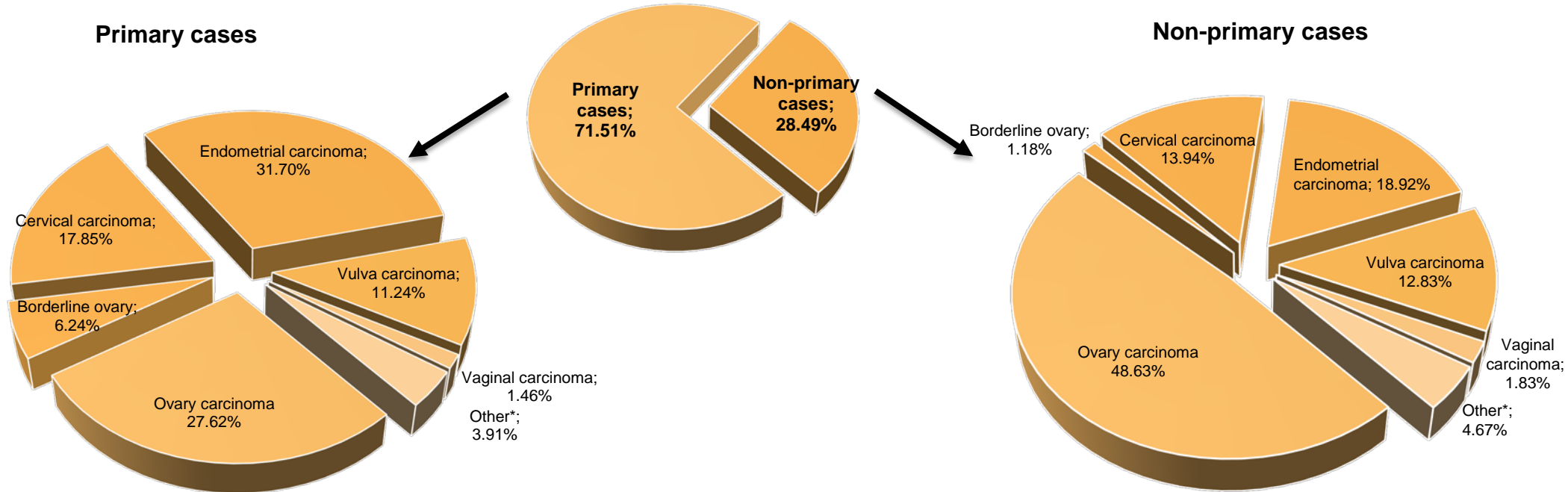
	Total case number	Primary cases	Non-primary cases
Ovary carcinoma	5,583 (33.03%)	3,338 (27.62%)	2,245 (46.63%)
Borderline ovary	811 (4.80%)	754 (6.24%)	57 (1.18%)
Cervical carcinoma	2,829 (16.74%)	2,158 (17.85%)	671 (13.94%)
Endometrial carcinoma	4,742 (28.06%)	3,831 (31.70%)	911 (18.92%)
Vulva carcinoma	1,976 (11.69%)	1,358 (11.24%)	618 (12.83%)
Vaginal carcinoma	264 (1.56%)	176 (1.46%)	88 (1.83%)
Others*	697 (4.12%)	472 (3.91%)	225 (4.67%)
Total case number	**16,902 (100%)**	**12,087 (100%)**	**4,815 (100%)**

	Incidence[1] Germany	Primary cases 2016	Share 2016	Primary cases 2015
Ovary carcinoma	8,061	3,338	41.41%	3,301
Borderline ovary	-	754	-	695
Cervical carcinoma	4,542	2,158	47.51%	2,059
Endometrial carcinoma	10,232	3,831	37.44%	3,593
Vulva carcinoma	3,133	1,358	43.35%	1,303
Vaginal carcinoma	452	176	38.94%	175
Others*	-	472	-	461

[1] Centre for cancer register data in the Robert Koch-Institute, database query
www.krebsdaten.de/abfrage 27.04.2018

* Others (for instance sarcomas, chorion carcinomas, etc.)

Basic data – primary and non-primary cases

Legend:
- ■ Primary cases operated
- ■ Primary cases not operated
- ■ Non-primary cases operated
- ■ Non-primary cases not operated
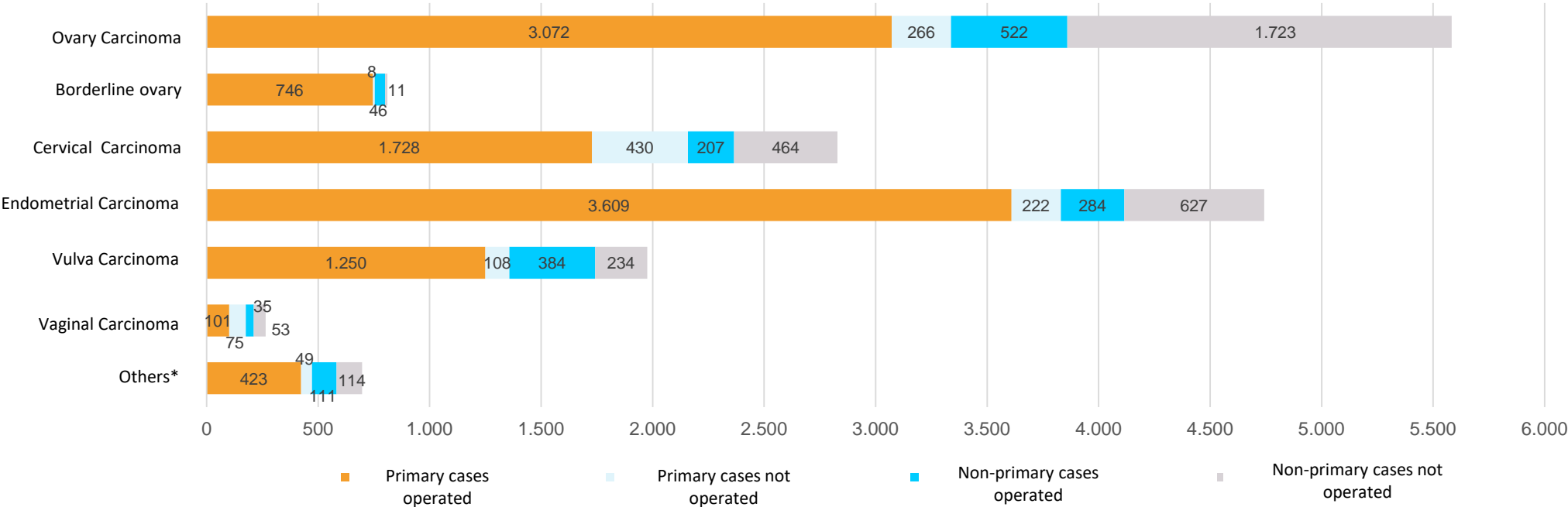
	Primary cases		
		operated	**not operated**
	Total	**absolute (in %)**	**absolute (in %)**
Ovary carcinoma	3,338 (100%)	3,072 (92.03%)	266 (7.97%)
Borderline ovary	754 (100%)	746 (98.94%)	8 (1.06%)
Cervical carcinoma	2,158 (100%)	1,728 (80.07%)	430 (19.93%)
Endometrial carcinoma	3,831 (100%)	3,609 (94.21%)	222 (5.79%)
Vulva carcinoma	1,358 (100%)	1,250 (92.05%)	108 (7.95%)
Vaginal carcinoma	176 (100%)	101 (57.39%)	75 (42.61%)
Others*	472 (100%)	423 (89.62%)	49 (10.38%)
Total	**12,087**	**10,929**	**1,158**

	Non-primary cases		
		operated	**not operated**
	Total	**absolute (in %)**	**absolute (in %)**
Ovary carcinoma	2,245 (100%)	522 (23.25%)	1,723 (76.75%)
Borderline ovary	57 (100%)	46 (80.70%)	11 (19.30%)
Cervical carcinoma	671 (100%)	207 (30.85%)	464 (69.15%)
Endometrial carcinoma	911 (100%)	284 (31.17%)	627 (68.83%)
Vulva carcinoma	618 (100%)	384 (62.14%)	234 (37.86%)
Vaginal carcinoma	88 (100%)	35 (39.77%)	53 (60.23%)
Others*	225 (100%)	111 (49.33%)	114 (50.67%)
Total	**4,815**	**1,589**	**3,226**

* Others (for instance sarcomas, chorion carcinomas, etc.)

Surgical cases with a genital malignoma

Surgical primary cases

128 clinical sites
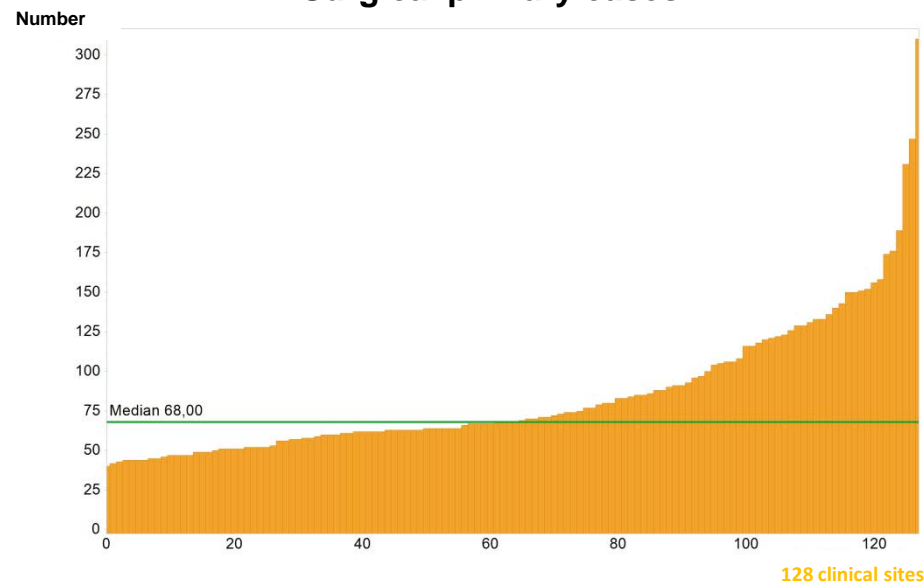
	2013	2014	2015	2016
Max	208.00	267.00	223.00	310.00
95th percentile	141.40	155.45	162.60	157.30
75th percentile	99.00	103.25	98.00	104.25
Median	71.00	71.50	71.00	68.00
25th percentile	57.50	57.00	58.00	58.00
5th percentile	46.00	48.55	47.20	44.35
Min	42.00	36.00	32.00	40.00

Surgical non-primary cases

128 clinical sites
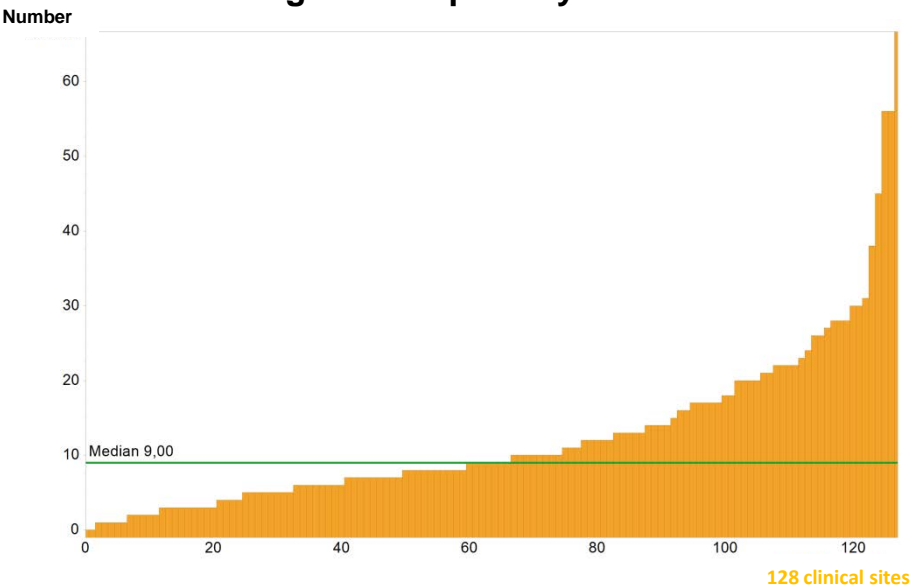
	2013	2014	2015	2016
Max	67.00	70.00	69.00	69.00
95th percentile	29.00	30.45	35.40	30.00
75th percentile	16.50	15.00	14.00	17.00
Median	9.00	8.00	10.00	9.00
25th percentile	6.00	5.00	6.00	5.00
5th percentile	2.10	1.00	2.00	1.35
Min	0.00	0.00	0.00	0.00

Basic data – changes in case numbers between the indicator years 2012-2016
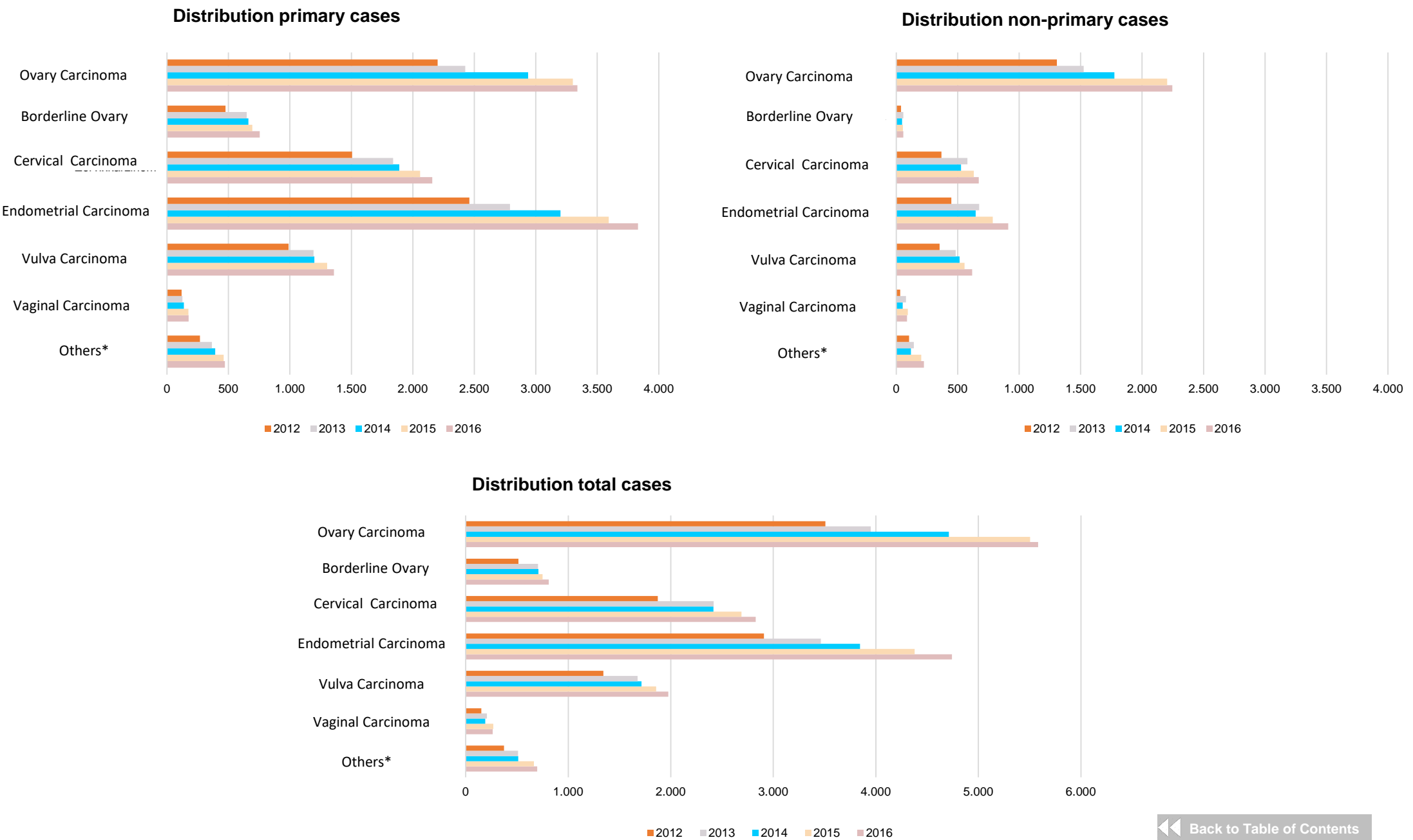
Distribution primary cases

Distribution non-primary cases

Distribution total cases

Basic data – changes in case numbers between the indicator years 2012-2015

Distribution total case number operated / not operated

Distribution total case number
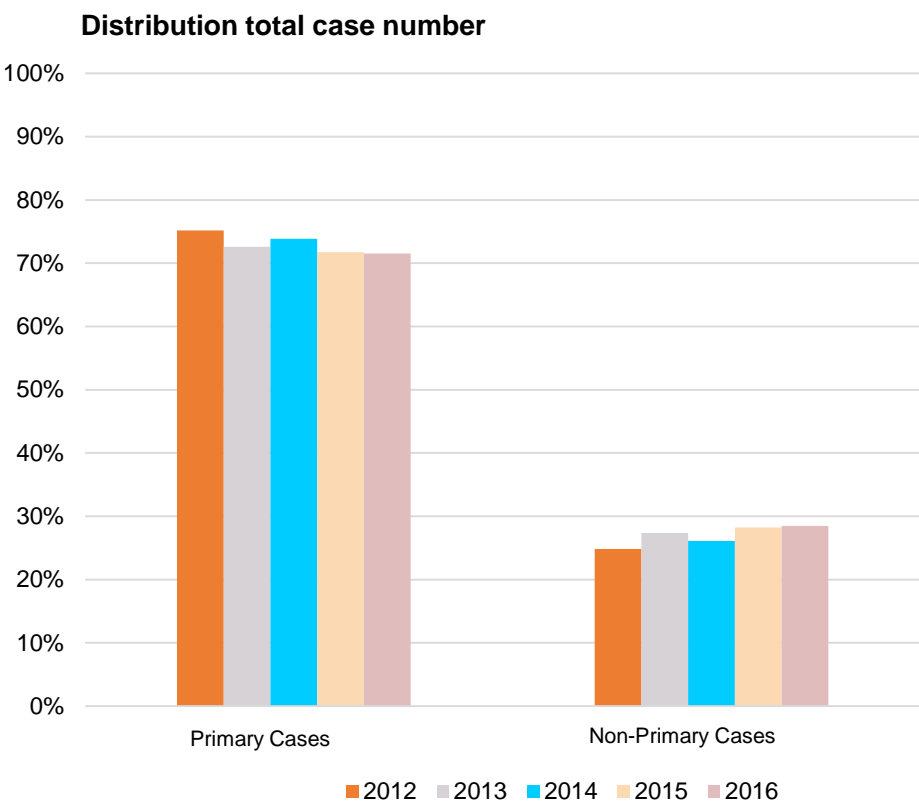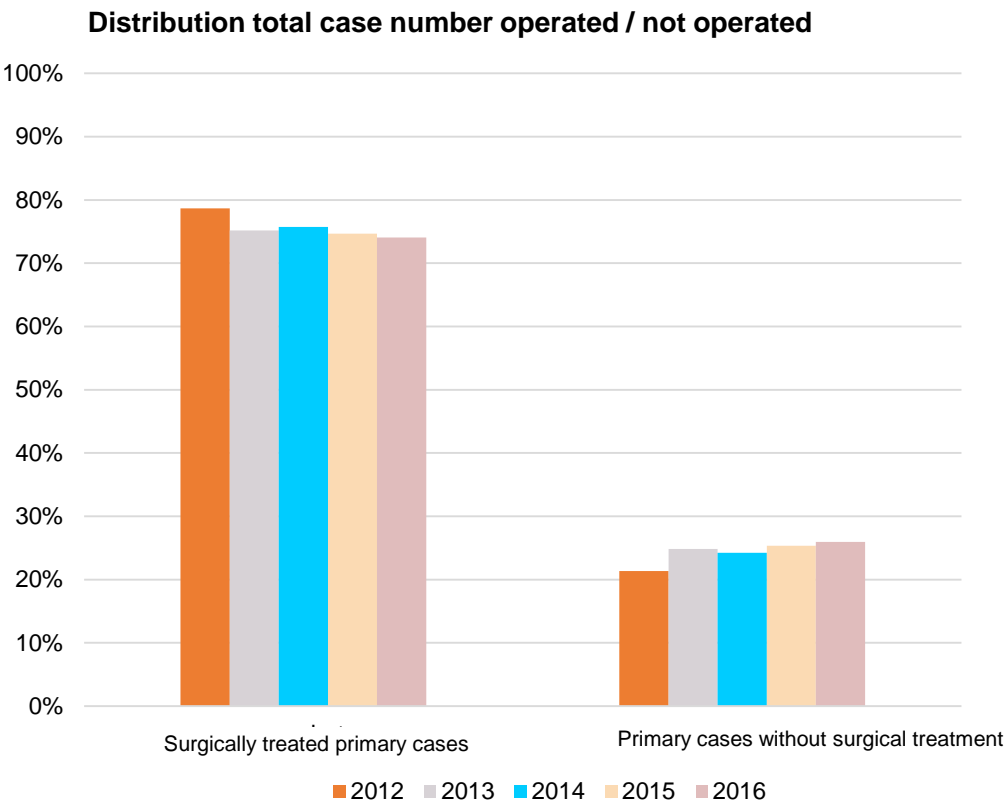
1. Presentation tumour conference

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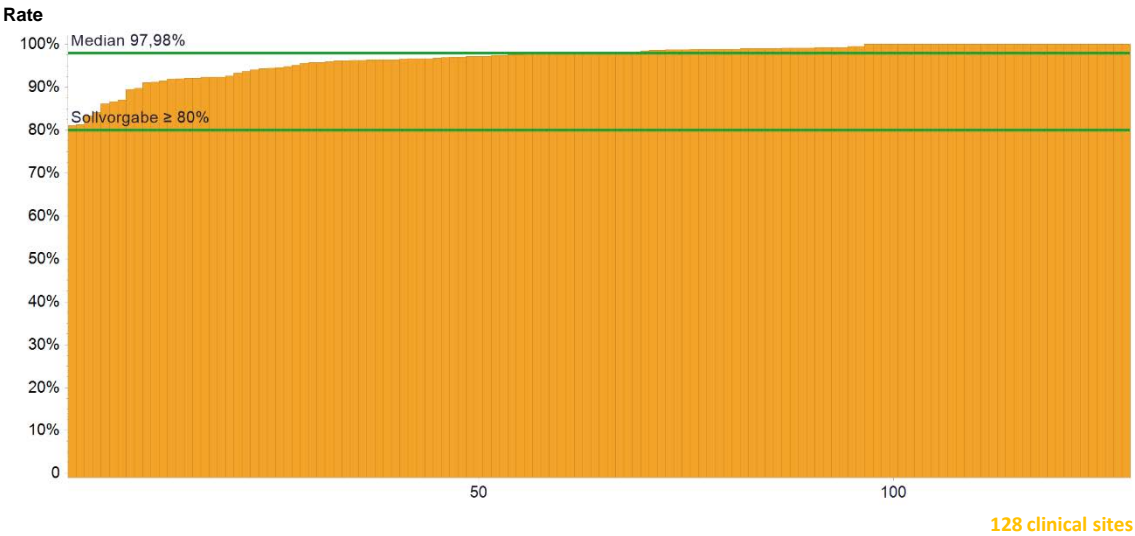
128 clinical sites

		Indicator definition	**All clinical sites 2016**	
			Median	**Range**
	Numerator	Female patients with a genital malignoma who were presented at the tumour conference	102*	64 - 562
	Denominator	Total case number (= indicator 5)	106.5*	67 - 571
	Rate	Target value ≥ 80%	97.98%	81.07% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
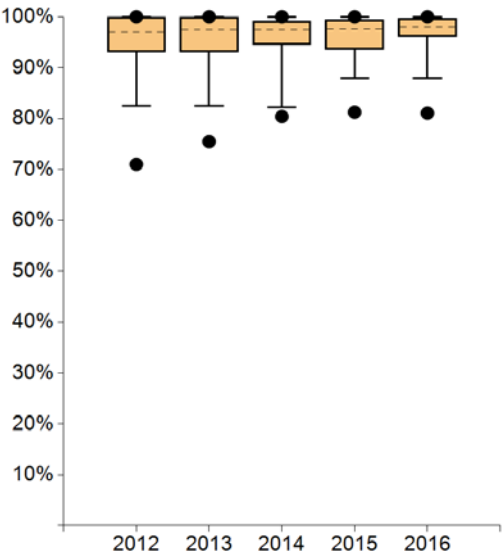
		2012	**2013**	**2014**	**2015**	**2016**
●	Max	100%	100%	100%	100%	100%
	95th percentile	100%	100%	100%	100%	100%
	75th percentile	100%	100%	99.22%	99.38%	99.64%
	Median	97.01%	97.37%	97.43%	97.56%	97.98%
	25th percentile	93.04%	93.08%	94.53%	93.53%	96.09%
	5th percentile	82.45%	82.42%	82.19%	87.90%	87.91%
●	Min	71.00%	75.47%	80.41%	81.25%	81.07%

Clinical sites with evaluable data		**Clinical sites meeting the target value**	
Number	%	Number	%
128	100.00%	128	100.00%

Comments:
As in the previous year the indicator has been well implemented by the Centres. All Centres met the target value for the presentation of patients with a genital malignoma in the tumour conference. The majority of the Centres were able to increase or maintain the rate.
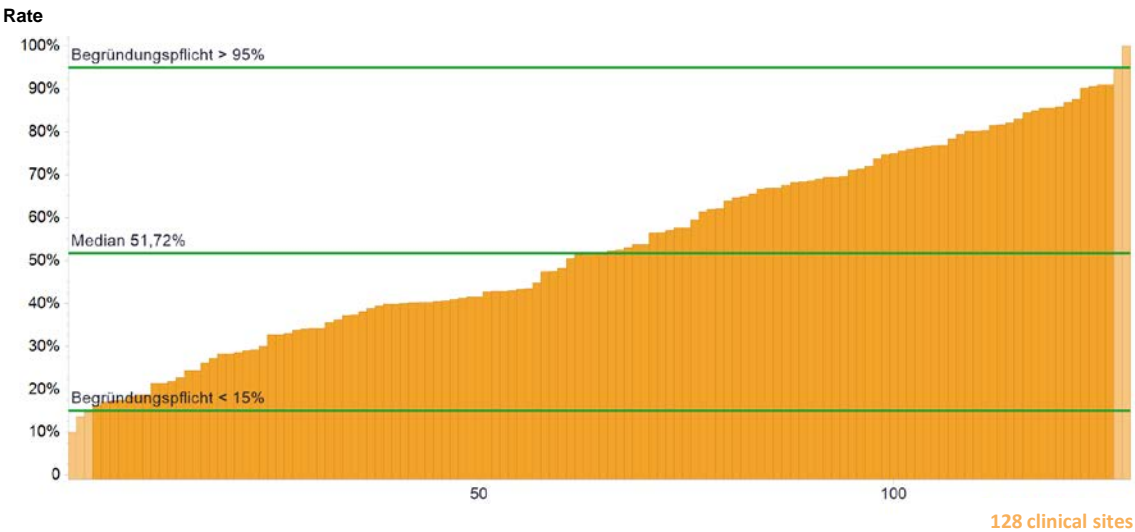
Sollvorgabe = target value

2. Psycho-oncological counselling (session ≥ 25 min)

128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients (= cases, definition 1.2.1), who received, in an outpatient or inpatient setting, psycho-oncological counselling (session ≥ 25 min.)	60*	9 - 458
Denominator	Total case number (= indicator 5)	106.5*	67 - 571
Rate	Mandatory statement of reasons** < 15% and >95%	51.72%	10.11% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
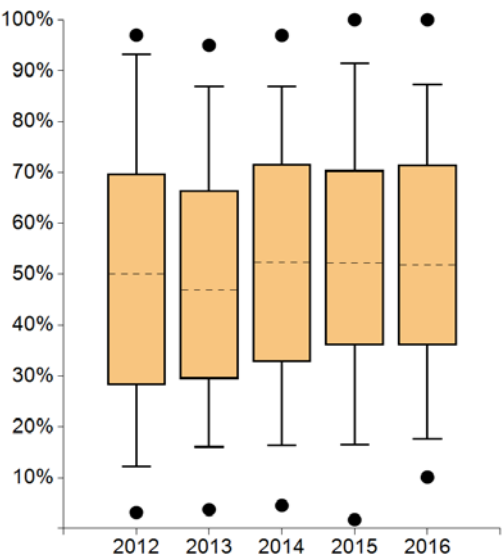** For values outside the plausibility limit(s) the Centres must give the reasons.

		2012	2013	2014	2015	2016
●	Max	96.96%	95.00%	96.91%	100%	100%
	95th percentile	93.14%	86.85%	86.83%	91.50%	87.27%
	75th percentile	69.73%	66.42%	71.61%	70.41%	71.46%
	Median	50.00%	46.93%	52.36%	52.20%	51.72%
	25th percentile	28.26%	29.38%	32.68%	35.97%	36.05%
	5th percentile	12.28%	16.12%	16.34%	16.40%	17.69%
●	Min	3.19%	3.77%	4.55%	1.74%	10.11%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	123	96.09%

Comments:
Over the last three years the psycho-oncological counselling rate was unchanged in the Centres (same median and 25th and 75th percentiles). Three Centres had a rate requiring a statement of reasons (≤ 15%). The reasons given by them are the short-term staff bottlenecks or the limited need of the patients despite screening.

Begründungspflicht = mandatory statement of reasons

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3. Counselling social services
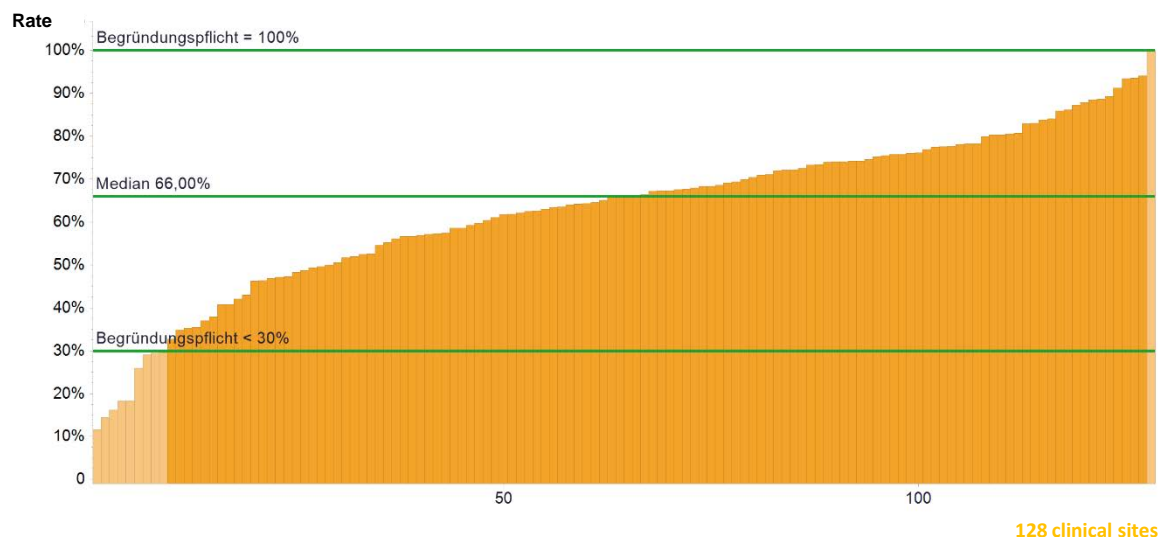
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients (= cases, definition 1.2.2), who received counselling by the social services in an inpatient or outpatient setting	69.5*	15 - 443
Denominator	Total case number (= indicator 5)	106.5*	67 - 571
Rate	Mandatory statement of reasons** < 30% and =100%	66.00%	11.56% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.

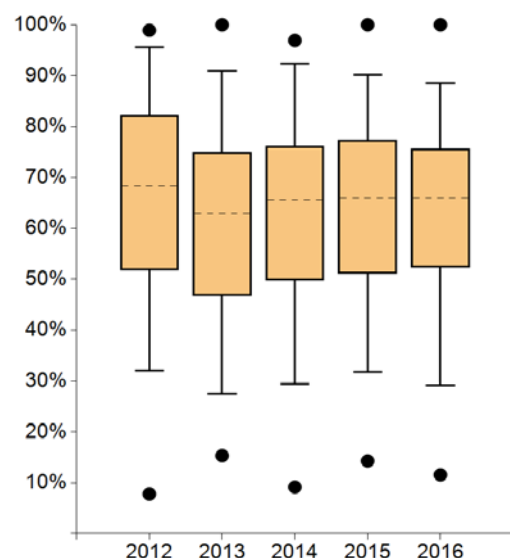|		2012	2013	2014	2015	2016
●	Max	98.92%	100%	96.91%	100%	100%
	95th percentile	95.57%	90.91%	92.31%	90.21%	88.58%
	75th percentile	82.26%	74.89%	76.18%	77.36%	75.55%
	Median	68.33%	62.95%	65.52%	65.95%	66.00%
	25th percentile	51.77%	46.73%	49.86%	51.12%	52.36%
	5th percentile	32.01%	27.43%	29.36%	31.83%	29.14%
●	Min	7.79%	15.33%	9.16%	14.29%	11.56%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	118	92.19%

Comments:
The median of the indicator was unchanged compared with the previous years. Compared with 2015 the share of Centres with a low rate requiring a statement of reasons increased (2015: 4/125 [3.2%]; 2016: 9/128 [7.0%]). Four out of the nine Centres with low social services counselling rates were located in a German-speaking country outside Germany. There the social services are organised differently (outpatient counselling centres). The reasons for the low rates given by the German Centres were limited need or short-term bottlenecks because of restructuring.

Begründungspflicht = mandatory statement of reasons

4. Study participation

Rate

Median 8.59%

Sollvorgabe ≥ 5%
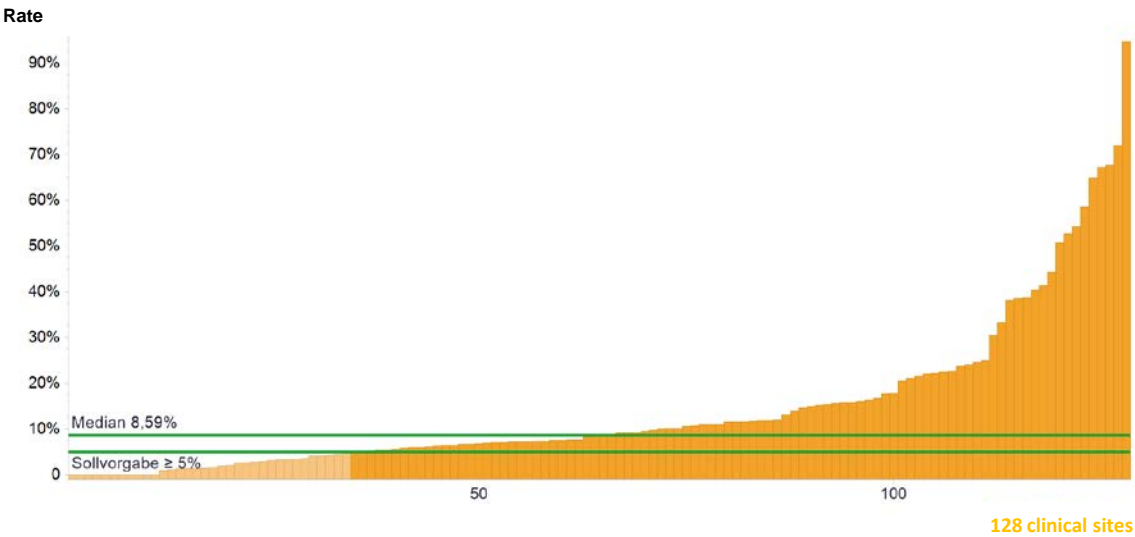
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients of the Gynaecology Centre included in a study with an ethical vote	7*	0 - 181
Denominator	Primary cases with a genital carcinoma (= indicator 5)	75.5*	45 - 332
Rate	Target value ≥ 5%	8.59%	0.00% - 94.76%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
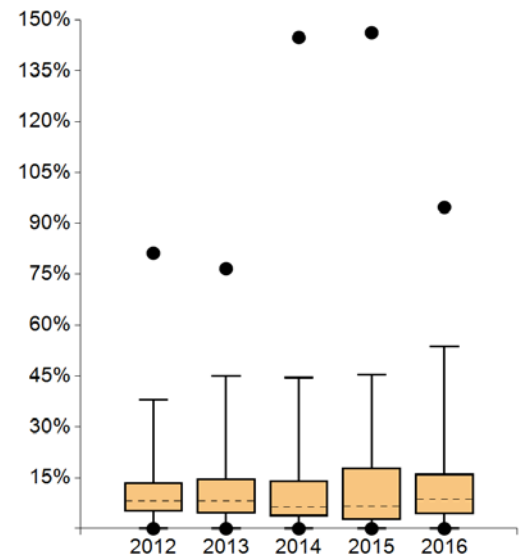
		2012	2013	2014	2015	2016
	Max	81.21%	76.61%	144.74%	146.19%	94.76%
	95th percentile	37.95%	44.85%	44.52%	45.41%	53.69%
	75th percentile	13.54%	14.81%	14.18%	17.86%	16.14%
	Median	8.29%	8.11%	6.35%	6.57%	8.59%
	25th percentile	5.04%	4.51%	3.56%	2.70%	4.34%
	5th percentile	0.00%	0.10%	0.00%	0.00%	0.00%
	Min	0.00%	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
128	100.00%	94	73.44%

Comments:
The implementation of the indicator was better then the previous year. The maximum value fell whilst the median rose. A larger share of the Centres met the target value (2015: 65.6%). Centres with low rates of patients included in studies stated that, despite their efforts, they were unable to find suitable studies for participation or the patients did not meet the inclusion criteria. The auditors made remarks on possible study participations and formulated deviations in the case of repeated low rates.

Sollvorgabe = target value

5. Total case number with a gynecological genital malignoma
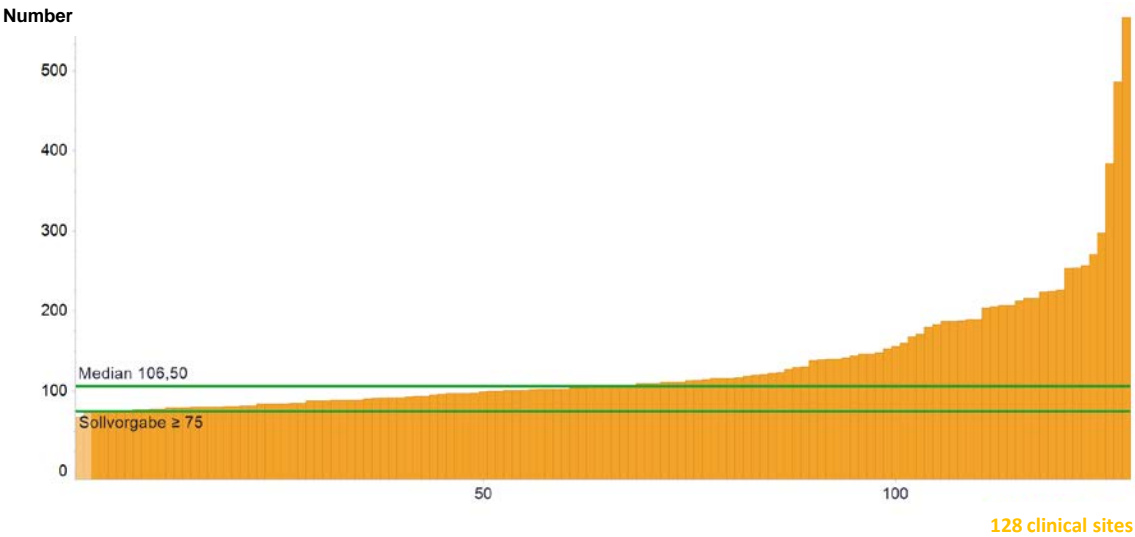
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Number	Primary cases with a genital malignoma (Def. 1.2.1)	106.5	67 - 571
	Target value ≥ 75		
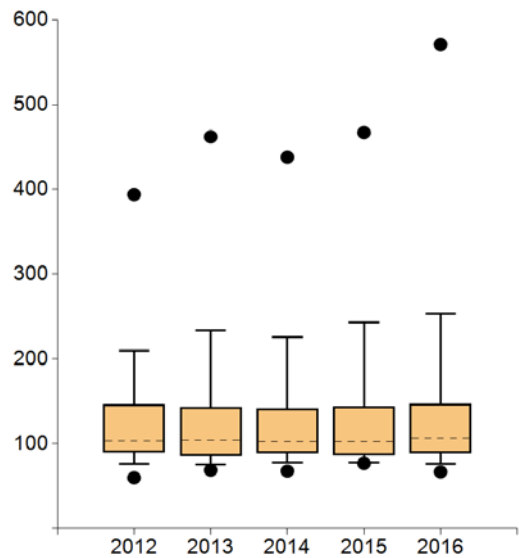
		2012	2013	2014	2015	2016
●	Max	394.00	462.00	438.00	467.00	571.00
	95th percentile	209.75	233.70	225.60	243.00	253.65
	75th percentile	146.00	143.00	141.75	144.00	147.00
	Median	103.50	104.00	103.00	103.00	106.50
	25th percentile	90.00	86.00	89.00	87.00	89.00
	5th percentile	76.25	76.00	78.00	78.00	76.35
●	Min	60.00	69.00	68.00	77.00	67.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
128	100.00%	126	98.44%

Comments:
The median and maximum values of the number of patients with genital malignomas increased compared with the previous years. When considering the Centres that provided data for the annual report for both 2015 and 2016, the case number increased from 15,594 to 15,857. Two Centres failed to meet the target value. In both Centres a surveillance audit was conducted in 2017 (documentation needed of the case numbers for recertification in the re-audit [every three years].)

Sollvorgabe = target value

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6. Primary cases with a gynecological genital malignoma

Number
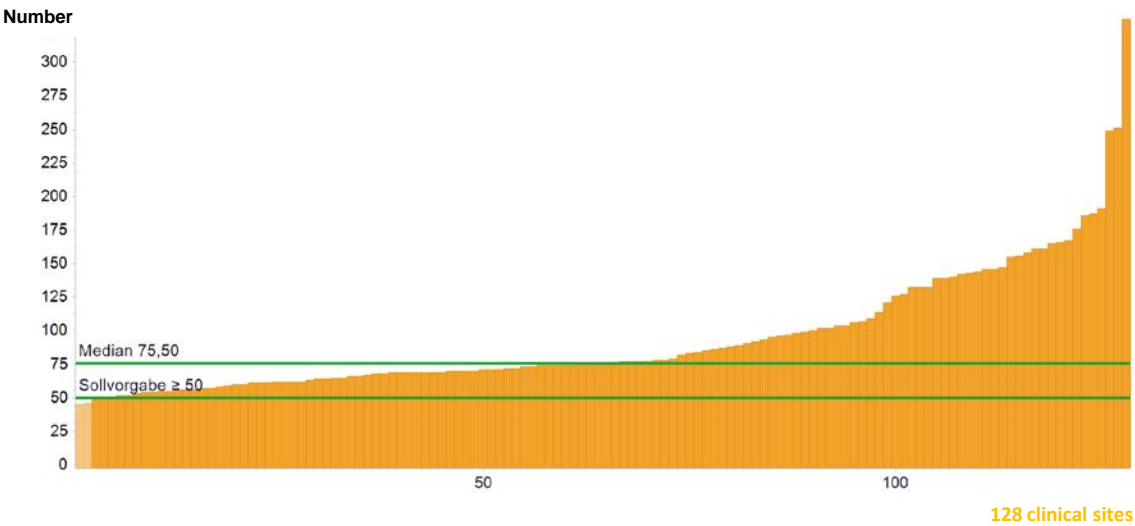
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Number	Primary cases with a genital malignoma (Def. 1.2.1)	75.5	45 - 332
	Target value ≥ 50		
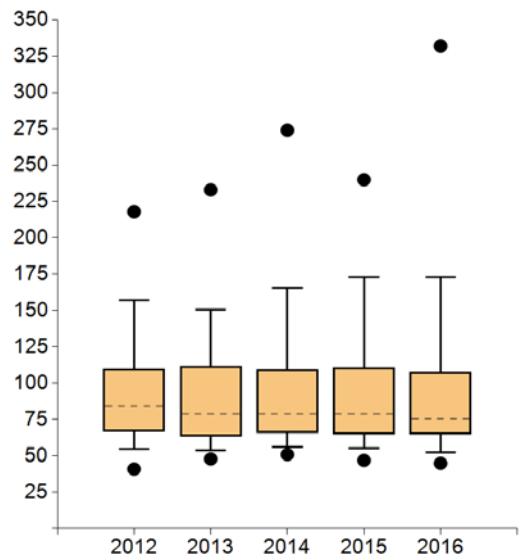
		2012	2013	2014	2015	2016
●	Max	218.00	233.00	274.00	240.00	332.00
	95th percentile	157.00	150.80	165.60	173.00	172.85
	75th percentile	109.75	112.00	109.25	111.00	107.50
	Median	84.50	79.00	79.00	79.00	75.50
	25th percentile	67.00	63.50	65.75	65.00	65.00
	5th percentile	55.00	54.00	56.00	55.20	52.35
●	Min	41.00	48.00	51.00	47.00	45.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
128	100.00%	126	98.44%

Comments:
The median of the number of primary cases with genital malignomas fell compared with the previous years. Consequently, the primary case number of the majority of Centres fell compared with 2015. Two Centres did not meet the target value. One of the two Centres also failed to meet the target value for the total case number (Indicator 5). In both Centres where the target value was missed a surveillance audit was conducted in 2017 (documentation needed of the case numbers for recertification in the re-audit [every three years].)

Sollvorgabe = target value

7. Surgical cases with a gynecological genital malignoma

Number
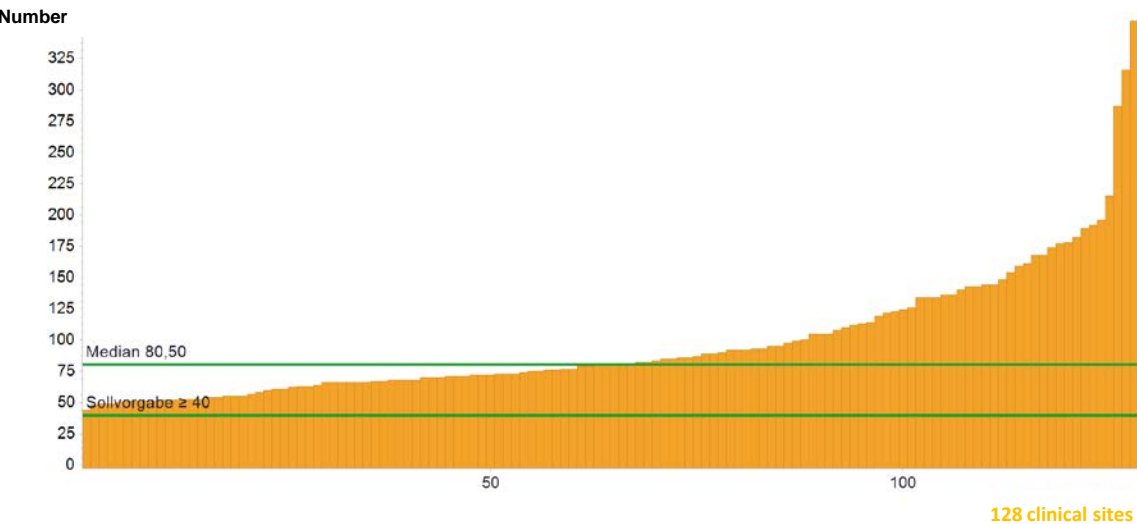
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Number	Surgical cases with a genital malignoma (Def. 5.2.6)	80.5	44 - 355
	Target value ≥ 40		
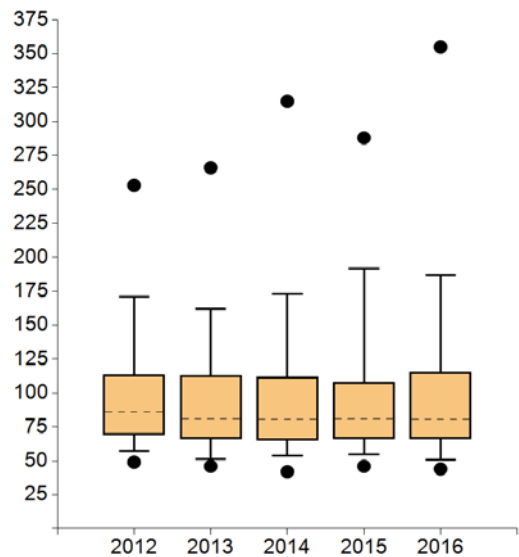
		2012	2013	2014	2015	2016
●	Max	253.00	266.00	315.00	288.00	355.00
	95th percentile	170.75	162.00	172.70	191.60	186.55
	75th percentile	113.50	113.00	111.75	108.00	115.25
	Median	86.00	81.00	80.50	81.00	80.50
	25th percentile	69.25	66.00	65.00	66.00	66.00
	5th percentile	57.00	51.20	54.00	55.00	51.00
●	Min	49.00	46.00	42.00	46.00	44.00

Clinical sites with evaluable data		Clinical sites meeting the target value	
Number	%	Number	%
128	100.00%	128	100.00%

Comments:
The indicator of surgical cases with a genital malignoma remained unchanged over the years.
All Centres met the target value. The total number of surgical cases in Centres, which provided data for the annual reports in 2015 and in 2016, increased from 11, 624 to 11,761.

Sollvorgabe = target value

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8. Surgical staging early ovary carcinoma (GL ovary QI 1)
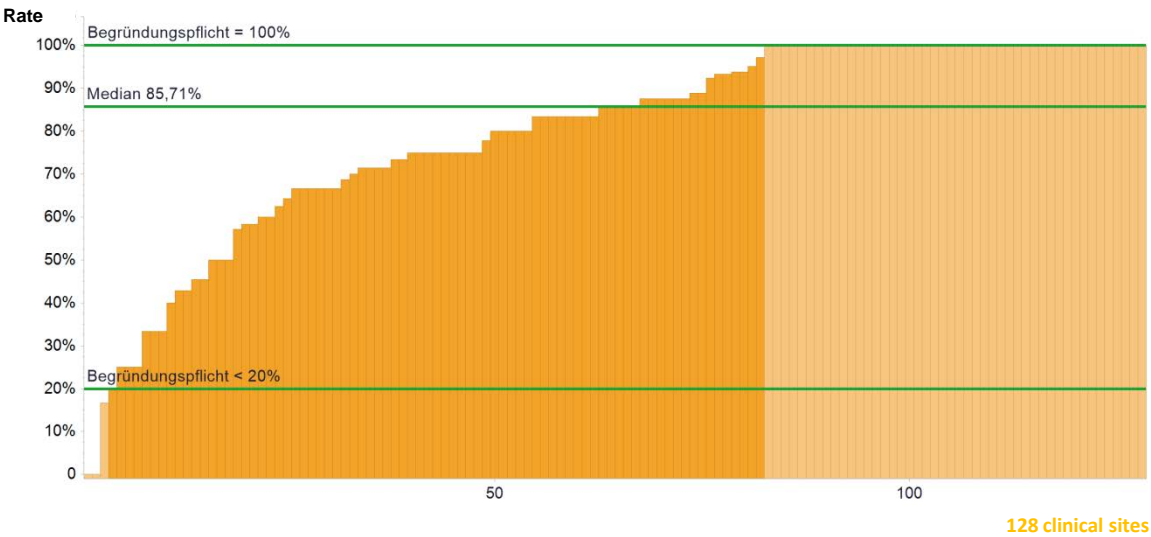
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Surgical primary cases with an ovary carcinoma FIGO I-IIIA and surgical staging (Def. see Indicator Sheet)	5*	0 - 39
Denominator	Surgical primary cases with an ovary carcinoma FIGO I-IIIA	6*	1 - 41
Rate	Mandatory statement of reasons** < 20% and =100%	85.71%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
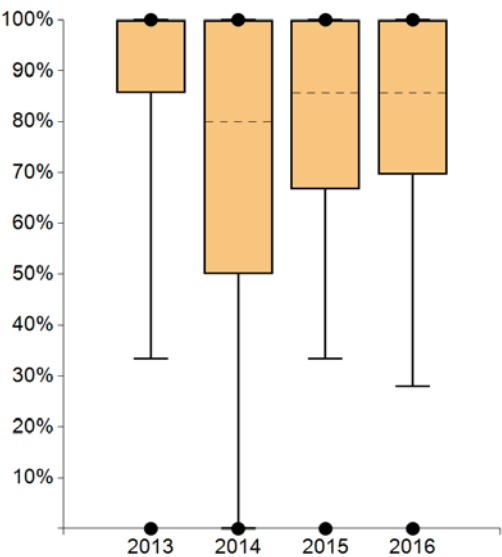** For values outside the plausibility limit(s) the Centres must give the reasons.

		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	100%	100%
	75th percentile	-----	100%	100%	100%	100%
	Median	-----	100%	80.00%	85.71%	85.71%
	25th percentile	-----	85.71%	50.00%	66.67%	69.69%
	5th percentile	-----	33.33%	0.00%	33.33%	27.92%
●	Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	79	61.72%

Comments:
The median of the quality indicator from the guidelines was unchanged compared with 2015. Nine out of the ten Centres that had the lowest surgical staging rates were able to increase their rate. In 2016 three Centres had a low rate requiring a statement of reasons. They all had low denominators which meant that individual cases had more of an impact. In individual case analyses during the audits, systematic errors were ruled out. To improve the indicator the Centres mentioned, *inter alia*, wishing to change the surgical standard.

Begründungspflicht = mandatory statement of reasons

9. Macroscopic complete resection of advanced ovary carcinoma (GL ovary QI 3)
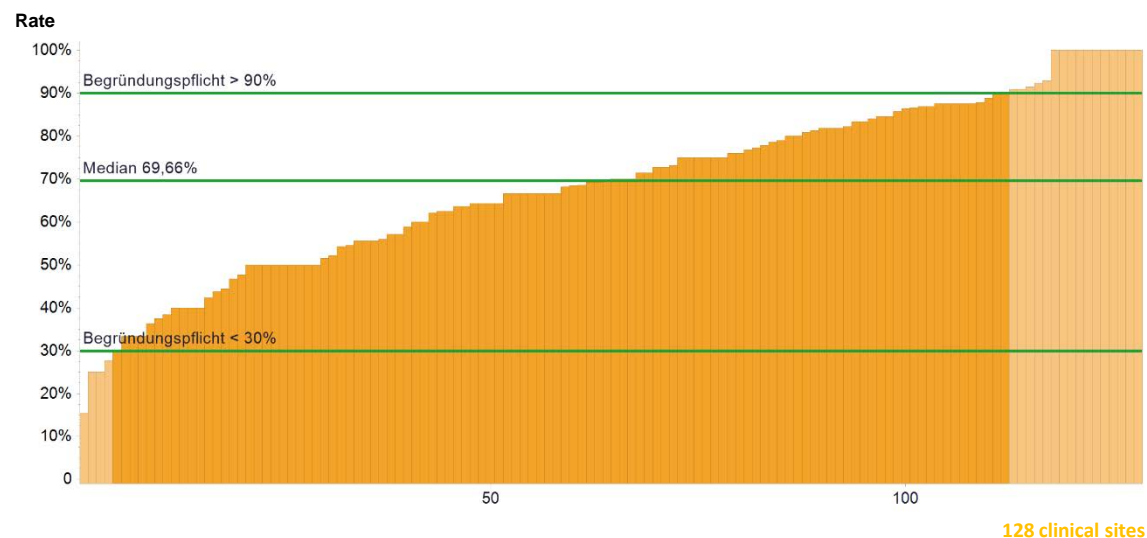
Rate

Begründungspflicht > 90%

Median 69,66%

Begründungspflicht < 30%

50   100

128 clinical sites

		Indicator definition	All clinical sites 2016	
			Median	**Range**
	Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV with macroscopic complete resection	8*	1 - 85
	Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV	12*	1 - 124
	Rate	Mandatory statement of reasons** <30% and >90%	69.66%	15.38% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.

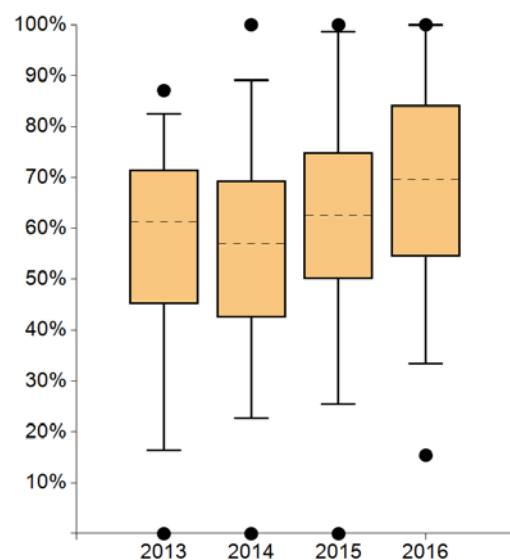|		2012	2013	2014	2015	2016
●	Max	-----	87.10%	100%	100%	100%
	95th percentile	-----	82.46%	89.15%	98.62%	100%
	75th percentile	-----	71.43%	69.42%	75.00%	84.16%
	Median	-----	61.25%	56.91%	62.50%	69.66%
	25th percentile	-----	45.20%	42.56%	50.00%	54.49%
	5th percentile	-----	16.29%	22.69%	25.45%	33.33%
●	Min	-----	0.00%	0.00%	0.00%	15.38%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	108	84.38%

Comments:
The median of the quality indicator from the guidelines increased over the last three years. The majority of Centres were able to increase their rate of macroscopic complete resections compared with 2015 (Improved rate: 66 Centres; worse rate: 49 Centres). Four Centres, hence fewer than the previous year (2015: 9), had a rate requiring a statement of reasons <30%. The reason they gave for their rates were complex intra-operative results. The auditors were able to replay the individual cases.

Begründungspflicht = mandatory statement of reasons

10. Surgery advanced ovary carcinoma (GL ovary QI 4)
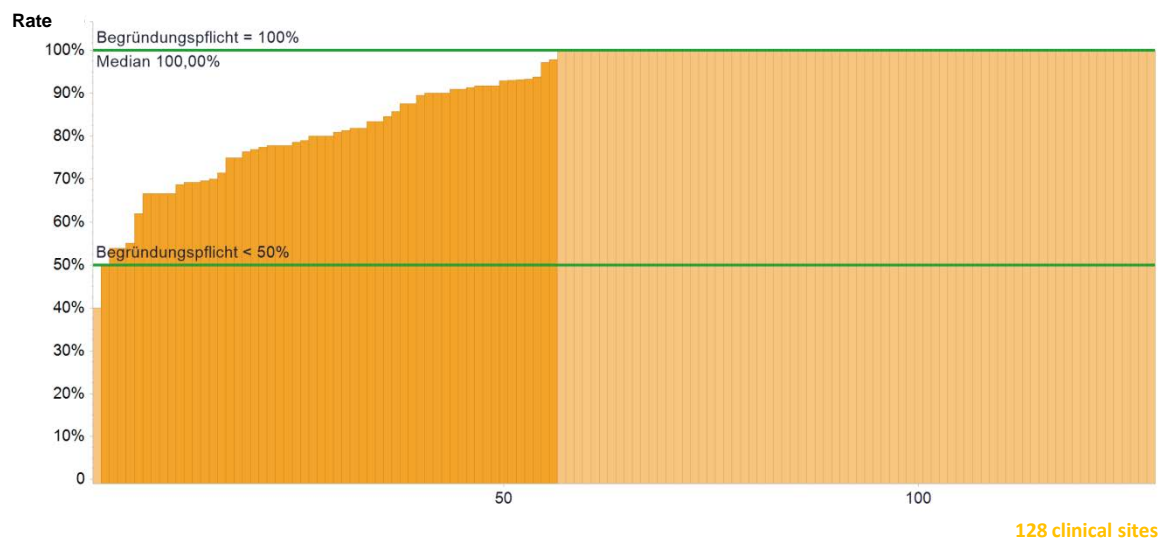
Rate

Begründungspflicht = 100%
Median 100,00%
Begründungspflicht < 50%

128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV, whose definitive surgical therapy was performed by a gynaeco-oncologist	11*	1 - 96
Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV after conclusion of surgical therapy	12*	1 - 124
Rate	Mandatory statement of reasons** < 50% and =100%	100%	40.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
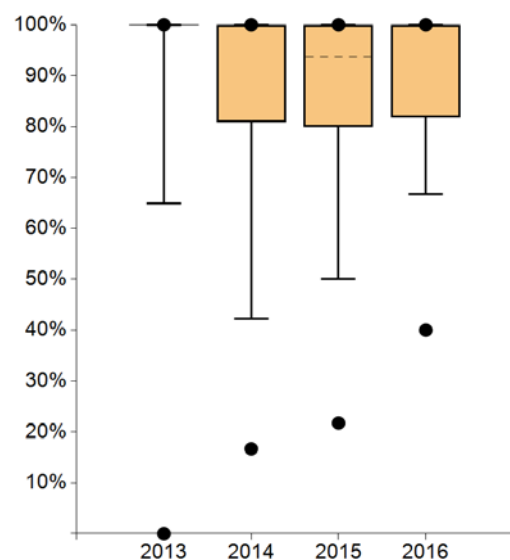** For values outside the plausibility limit(s) the Centres must give the reasons.

		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	100%	100%
	75th percentile	-----	100%	100%	100%	100%
	Median	-----	100%	100%	93.75%	100%
	25th percentile	-----	100%	80.85%	80.00%	81.82%
	5th percentile	-----	64.86%	42.30%	50.00%	66.67%
●	Min	-----	0.00%	16.67%	21.74%	40.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	55	42.97%

Comments:
The median of the indicator increased again compared with 2015; the 5th percentile and the minimum value increased, too. Eight out of the nine Centres with a rate requiring a statement of reasons (≤50%) in 2015 were able to increase their rate to over 50%. The reason given by the Centre with the lowest rate in 2016 was inadequate staff resources which are to be remedied through the training of a further gynaeco-oncologist for next year.

Begründungspflicht = mandatory statement of reasons

11. Post-surgical chemotherapy advanced ovary carcinoma (GL ovary QI 5)
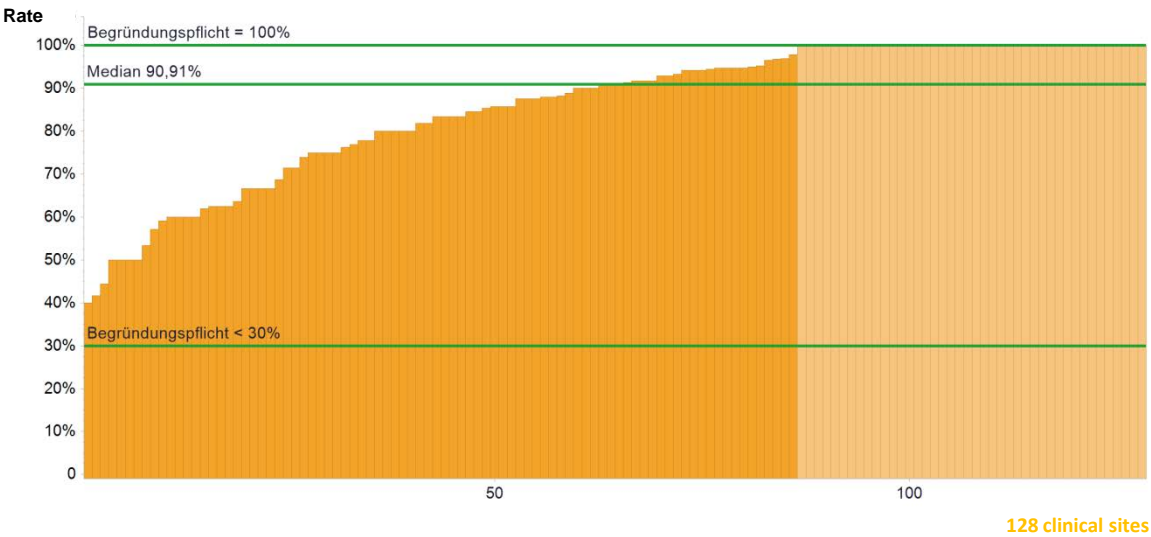
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Surgical primary cases ovary carcinoma FIGO IIB-IV with post-operative chemotherapy	9*	1 - 120
Denominator	Surgical primary cases ovary carcinoma FIGO IIB-IV and chemotherapy	10*	1 - 124
Rate	Mandatory statement of reasons** < 30% and =100%	90.91%	40.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.

** For values outside the plausibility limit(s) the Centres must give the reasons.
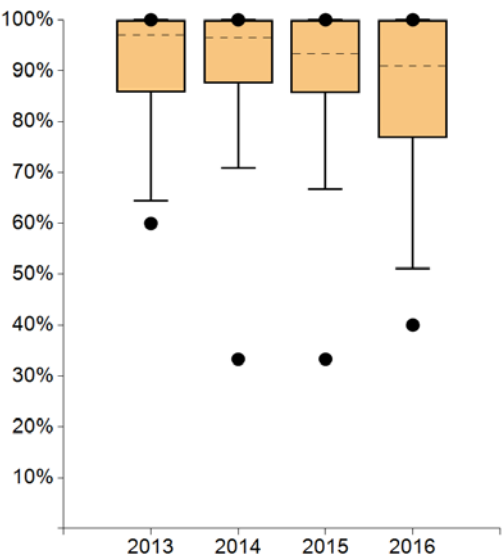
		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	100%	100%
	75th percentile	-----	100%	100%	100%	100%
	Median	-----	97.06%	96.44%	93.33%	90.91%
	25th percentile	-----	85.83%	87.50%	85.71%	76.74%
	5th percentile	-----	64.44%	70.79%	66.67%	51.17%
●	Min	-----	60.00%	33.33%	33.33%	40.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	86	67.19%

Comments:
The median and also the 25th percentile of the indicator for the post-operative chemotherapy rate fell over the last three years. The five Centres with the lowest rates in 2015 were all able to increase their chemotherapy rate in 2016. In 2016 all Centres had a rate above the limit for the mandatory statement of reasons (30%). Four out of the five Centres with the lowest rate in 2016 had small denominators (<10) which meant that the individual cases had more of an impact.

Begründungspflicht = mandatory statement of reasons

12. No adjuvant chemotherapy of early ovary carcinoma (GL ovary QI 6)
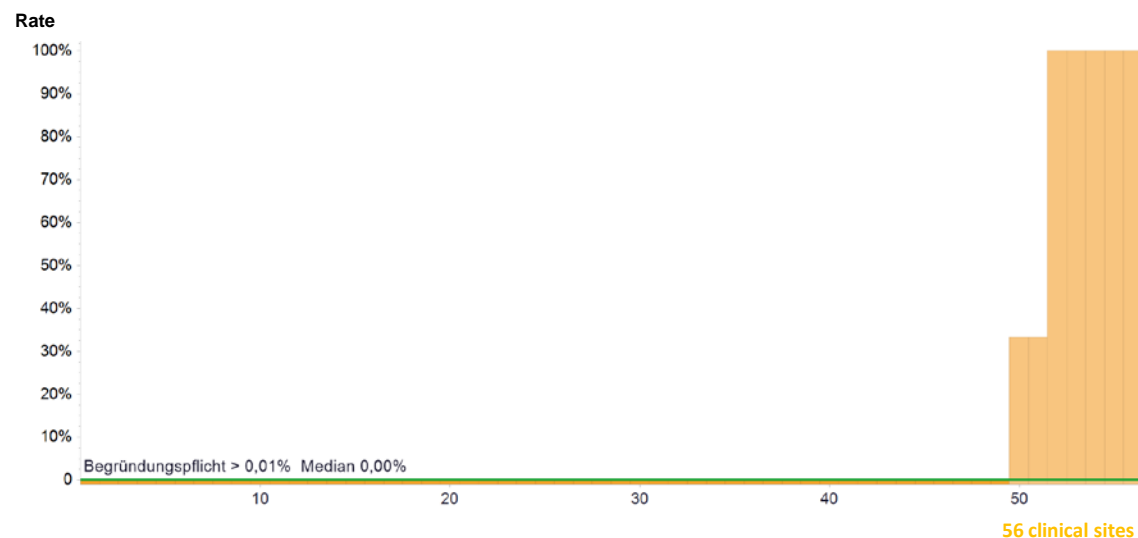
Rate

Begründungspflicht > 0,01%   Median 0,00%

56 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging with adjuvant chemotherapy	0*	0*
Denominator	Surgical primary cases FIGO IA, grade 1 and complete surgical staging	1*	1*
Rate	Mandatory statement of reasons** > 0.01%	0.00%	0.00%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
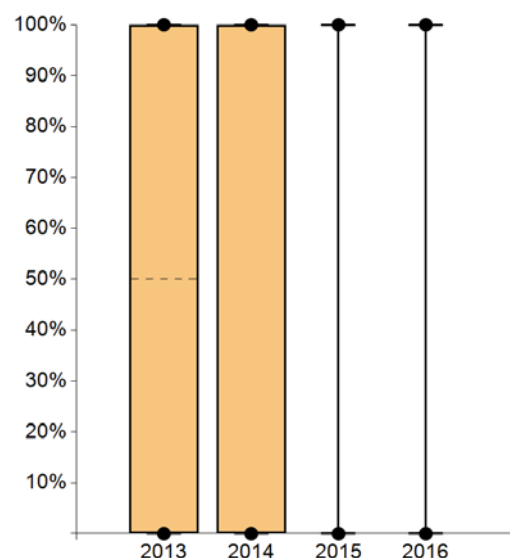** For values outside the plausibility limit(s) the Centres must give the reasons.

		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	100%	100%
	75th percentile	-----	100%	100%	0.00%	0.00%
	Median	-----	50.00%	0.00%	0.00%	0.00%
	25th percentile	-----	0.00%	0.00%	0.00%	0.00%
	5th percentile	-----	0.00%	0.00%	0.00%	0.00%
●	Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
56	43.75%	49	87.50%

Comments:
72 Centres did not treat any patients with a FIGO IA, stage 1 ovarian carcinoma and complete surgical staging and were not, therefore, included in the evaluation (denominator = 0). The share of Centres which, in line with the guidelines, did not perform any adjuvant chemotherapy in patients in the denominator population increased compared with the previous year (from 84.9% to 87.5%). Seven Centres performed chemotherapy in 2016 (2015: 8). They gave as the reasons additional gynaecological tumours or patient wish at a young age.

Begründungspflicht = mandatory statement of reasons

13. Platinum-containing chemotherapy of an early ovary carcinoma (GL ovary QI 7)
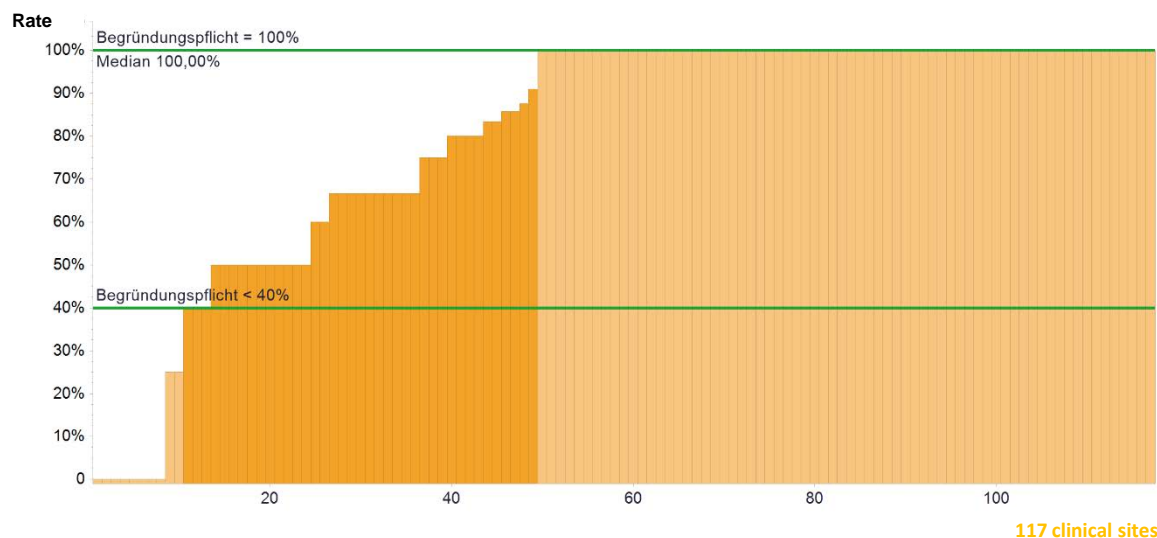
Rate

Begründungspflicht = 100%
Median 100,00%

Begründungspflicht < 40%

117 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Primary cases ovary carcinoma FIGO 1A/1B grade 3 and FIGO IC with platinum-containing chemotherapy	2*	0 - 15
Denominator	Primary cases ovary carcinoma FIGO 1A-1B grade 3 and FIGO IC	3*	1 - 15
Rate	Mandatory statement of reasons** < 40% and =100%	100%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
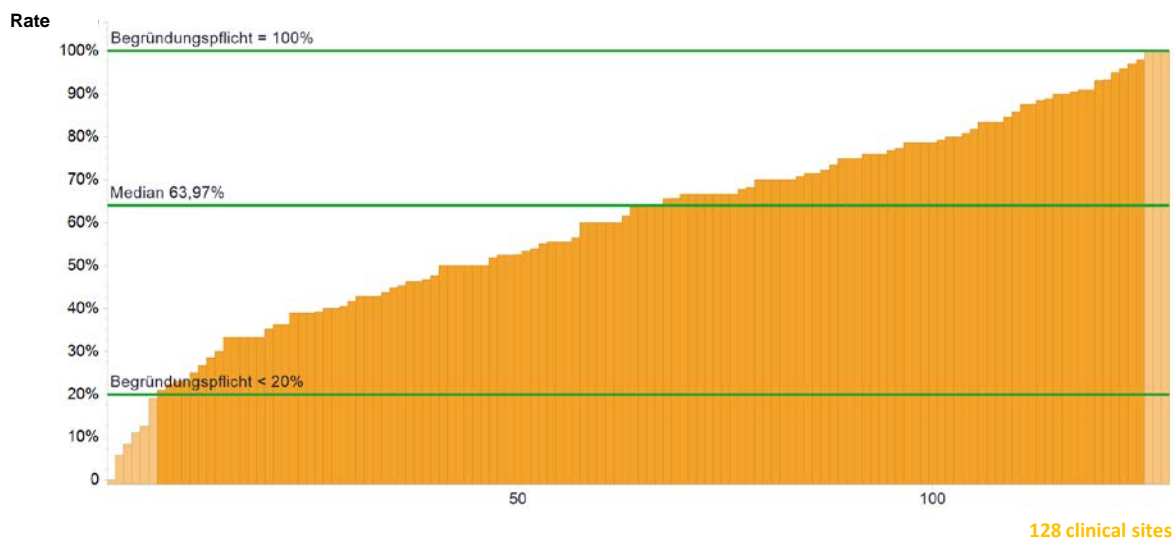** For values outside the plausibility limit(s) the Centres must give the reasons.
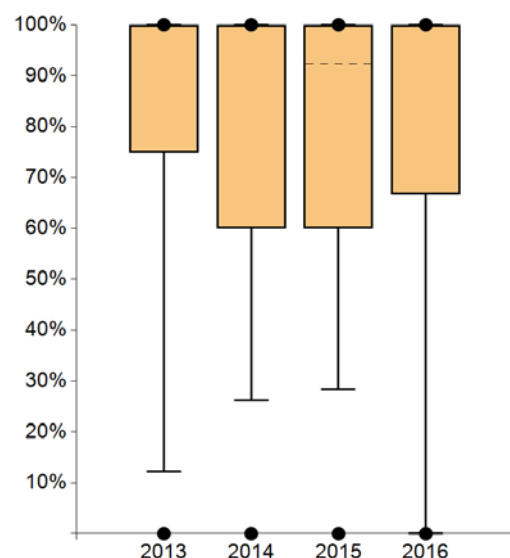
		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	100%	100%
	75th percentile	-----	100%	100%	100%	100%
	Median	-----	100%	100%	92.31%	100%
	25th percentile	-----	75.00%	60.00%	60.00%	66.67%
	5th percentile	-----	12.27%	26.25%	28.33%	0.00%
●	Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
117	91.41%	39	33.33%

Comments:
11 Centres did not treat any patients with a FIGO IA-IB stage 3 or FIGO IC ovarian carcinoma and were not, therefore, included in the evaluation (denominator = 0). In line with the guidelines, the other Centres carried out platin-containing chemotherapy in 308 cases in the denominator population with 384 patients (= 80.2%) (previous year: 293/377 = 77.7%). The reasons given by the Centres with low rates were patient wish despite the recommendation for chemotherapy or mortalities prior to the start of therapy. Additionally, they all have small denominators (n ≤ 4).

Begründungspflicht = mandatory statement of reasons

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14. First-line chemotherapy of advanced ovary carcinoma (GL ovary QI 8)

Rate

Begründungspflicht = 100%

Median 63,97%

Begründungspflicht < 20%

128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Primary cases ovary carcinoma FIGO IIB-IV with 6 cycles first-line chemotherapy carboplatin AUC 5 and paclitaxel 175 mg/m2	9.5*	0 - 122
Denominator	Primary cases ovary carcinoma FIGO IIB-IV	16*	4 - 131
Rate	Mandatory statement of reasons** < 20% and =100%	63.97%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
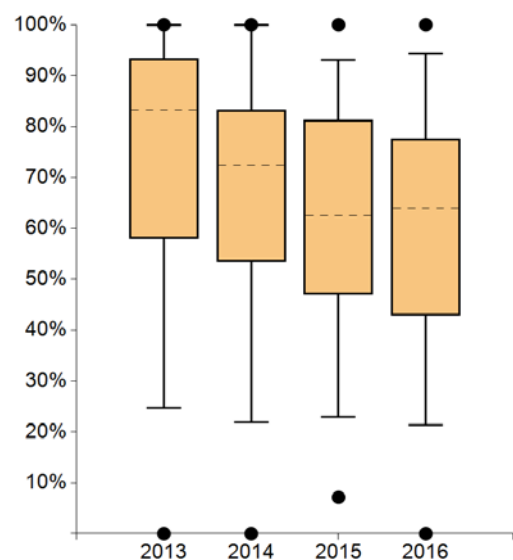
		2012	**2013**	**2014**	**2015**	**2016**
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	93.05%	94.42%
	75th percentile	-----	93.33%	83.33%	81.25%	77.60%
	Median	-----	83.33%	72.37%	62.50%	63.97%
	25th percentile	-----	58.06%	53.51%	47.06%	42.86%
	5th percentile	-----	24.62%	21.93%	22.95%	21.32%
●	Min	-----	0.00%	0.00%	7.14%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	119	92.97%

Comments:
Compared with the previous year the median of the quality indicator from the guidelines again increased slightly. Eight out of the ten Centres with the lowest rates of first-line chemotherapy in line with the guidelines in 2015 were able to increase their rate in 2016. In 2016 six Centres had low rates requiring a statement of reasons. The reasons they gave were deviating therapy regimens (Paclitaxel 80mg/m^{2} weekly), discontinuation of therapy or dose reduction in the event of adverse drug reactions and patient wish.

Begründungspflicht = mandatory statement of reasons

17. No adjuvant chemotherapy of BOT (GL ovary QI 12)
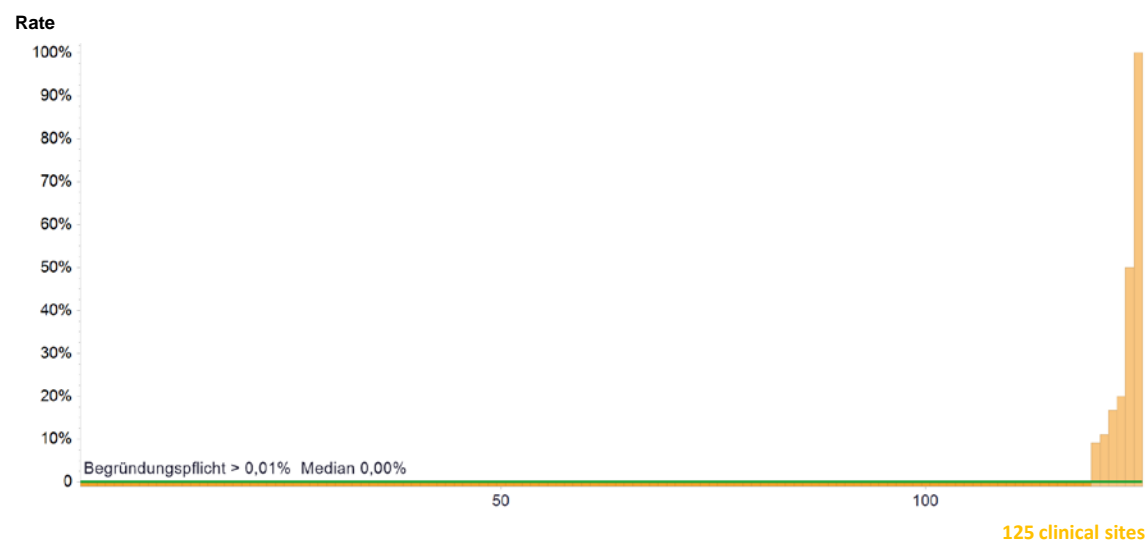
Rate

Begründungspflicht > 0,01% Median 0,00%

125 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Primary cases borderline tumour ovary (BOT) with adjuvant therapy	0*	0 - 5
Denominator	Primary cases borderline tumour ovary (BOT)	5*	1 - 25
Rate	Mandatory statement of reasons** > 0.01%	0.00%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
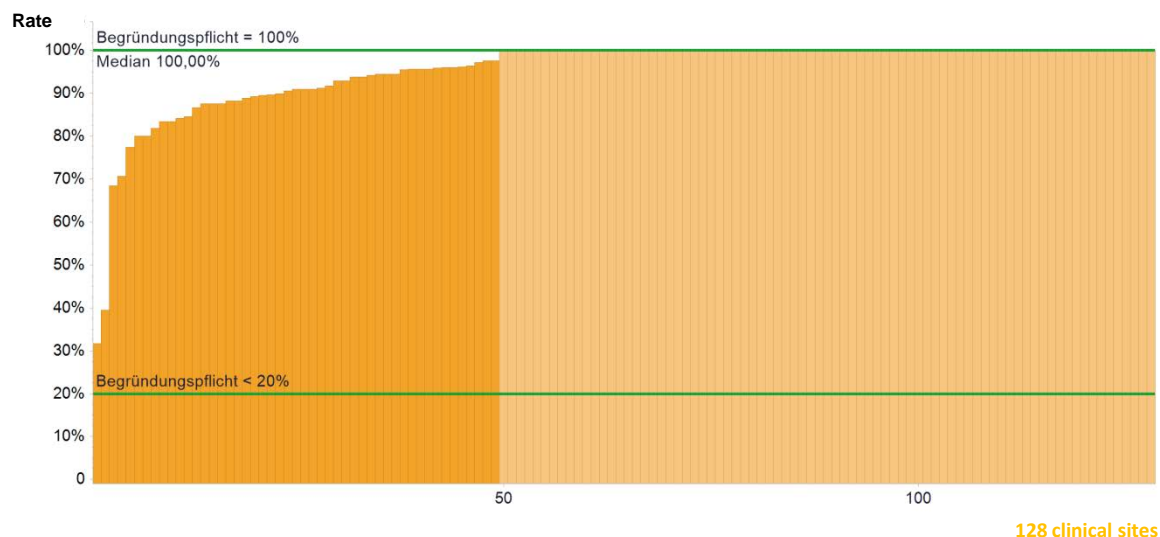** For values outside the plausibility limit(s) the Centres must give the reasons.
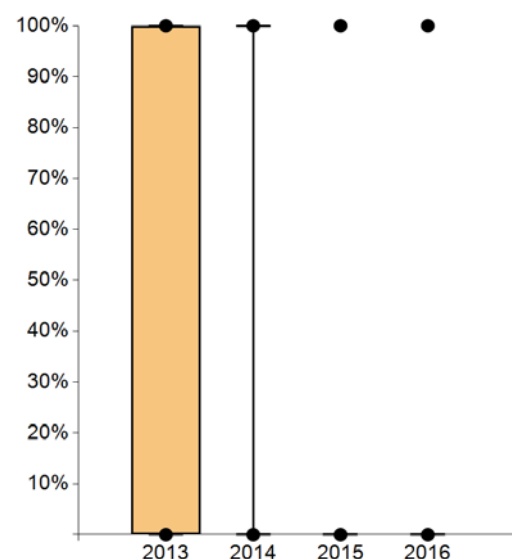
		2012	2013	2014	2015	2016
●	Max	-----	100%	100%	100%	100%
	95th percentile	-----	100%	100%	0.00%	0.00%
	75th percentile	-----	100%	0.00%	0.00%	0.00%
	Median	-----	100%	0.00%	0.00%	0.00%
	25th percentile	-----	0.00%	0.00%	0.00%	0.00%
	5th percentile	-----	0.00%	0.00%	0.00%	0.00%
●	Min	-----	0.00%	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
125	97.66%	119	95.20%

Comments:
In 2016 three Centres did not have any patients with a borderline ovarian tumour (BOT) and were not, therefore, included in the evaluation (denominator = 0). The share of Centres which did not undertake any adjuvant therapy for BOT in line with the guidelines fell slightly compared with 2015 (2015: 97.5% 2016: 95.2%). The reason given by the six Centres that carried out adjuvant therapies in 2016 were individual cases (e.g. *Pseudomyxoma peritonei*), which could be replayed by the experts during the audits.

Begründungspflicht = mandatory statement of reasons

18. Presentation at the tumour conference (GL cervix QI 1)

Rate

Begründungspflicht = 100%
Median 100,00%

Begründungspflicht < 20%

128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients (primary cases and "non-primary cases") presented at the tumour conference	17*	4 - 80
Denominator	Patients with an initial diagnosis, recurrence or new remote metastasis of a cervical carcinoma	18*	4 - 89
Rate	Mandatory statement of reasons** < 20% and =100%	100%	31.58% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
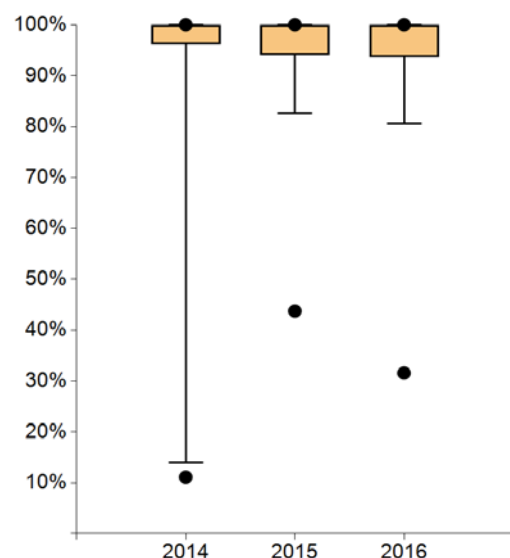
		2012	2013	2014	2015	2016
●	Max	-----	-----	100%	100%	100%
	95th percentile	-----	-----	100%	100%	100%
	75th percentile	-----	-----	100%	100%	100%
	Median	-----	-----	100%	100%	100%
	25th percentile	-----	-----	96.25%	94.12%	93.75%
	5th percentile	-----	-----	13.89%	82.55%	80.64%
●	Min	-----	-----	11.11%	43.75%	31.58%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	49	38.28%

Comments:
The median of the indicator remained the same compared with the previous years. The minimum rate fell in comparison with 2015. The majority of Centres were able to maintain or increase their rate compared with the previous year. The Centres with the low rates in 2016 were not the same ones as the previous year. All Centres had a rate which was above the lower limit for a mandatory statement of reasons (20%).

Begründungspflicht = mandatory statement of reasons

19. Details in the test report on initial diagnosis and tumour resection (GL cervix QI 2)
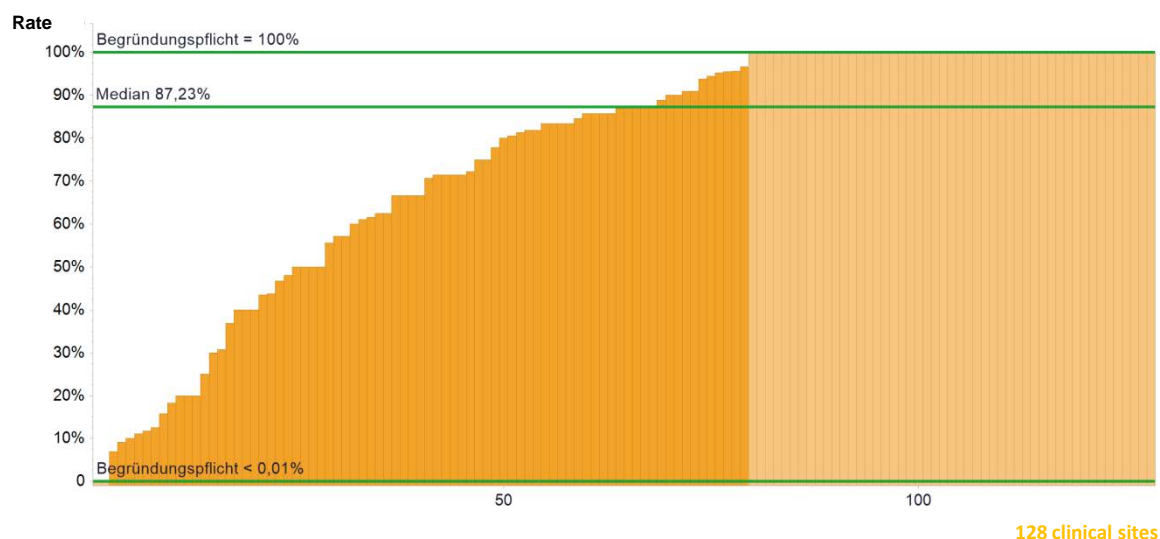
128 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	"Surgical primary cases" cervical carcinoma with complete test reports	6*	0 - 29
Denominator	"Surgical primary cases" with cervical carcinoma and tumour resection	9*	1 - 41
Rate	Mandatory statement of reasons** < 0.01% and =100%	87.23%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
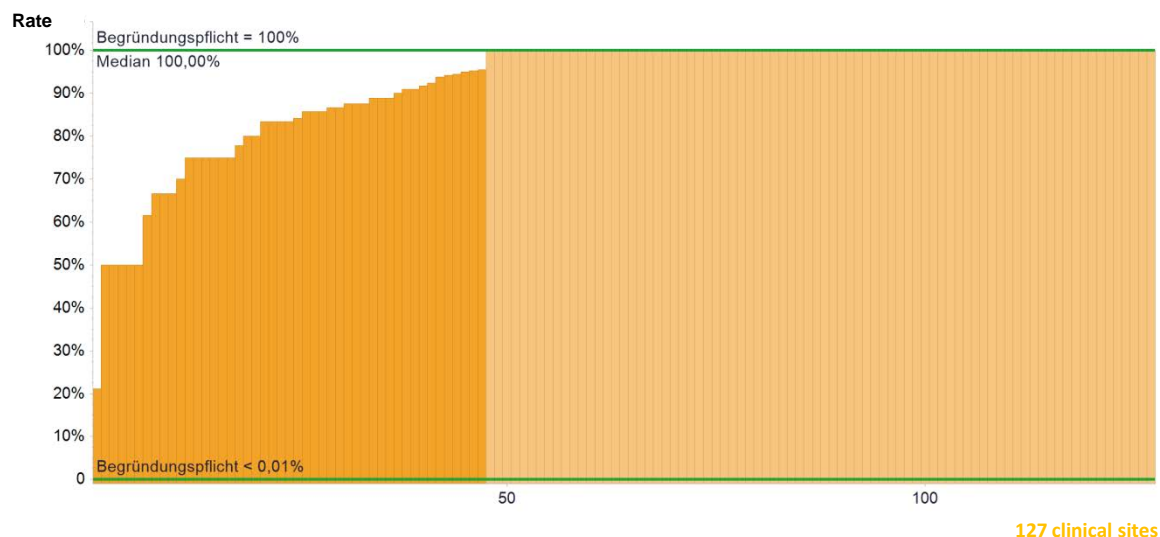** For values outside the plausibility limit(s) the Centres must give the reasons.
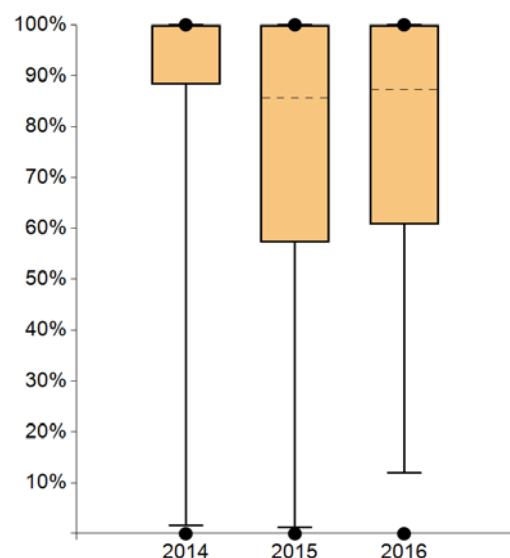
		2012	2013	2014	2015	2016
●	Max	-----	-----	100%	100%	100%
	95th percentile	-----	-----	100%	100%	100%
	75th percentile	-----	-----	100%	100%	100%
	Median	-----	-----	100%	85.71%	87.23%
	25th percentile	-----	-----	88.31%	57.14%	60.74%
	5th percentile	-----	-----	1.67%	1.18%	12.02%
●	Min	-----	-----	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
128	100.00%	77	60.16%

Comments:
The median of the indicator for the rate of full pathology reports after the resection of a cervical carcinoma increased slightly compared with the previous year. The majority of the Centres were able to maintain or increase their rate compared with 2015. Two Centres did not prepare any complete diagnostic report in 2016 (2015: 7 Centres). In these Centres no details were given of pN status. Quality circles with the pathologists were agreed as the improvement measure.

Begründungspflicht = mandatory statement of reasons

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20. Details in the pathology report for lymphonodectomy (GL cervix QI 3)

127 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	"Surgical cases" with a pathology report with details on the lymph nodes	7*	1 - 40
Denominator	"Surgical cases" with cervical carcinoma and lymphonodectomy	7*	1 - 42
Rate	Mandatory statement of reasons** < 0.01% and =100%	100%	21.05% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
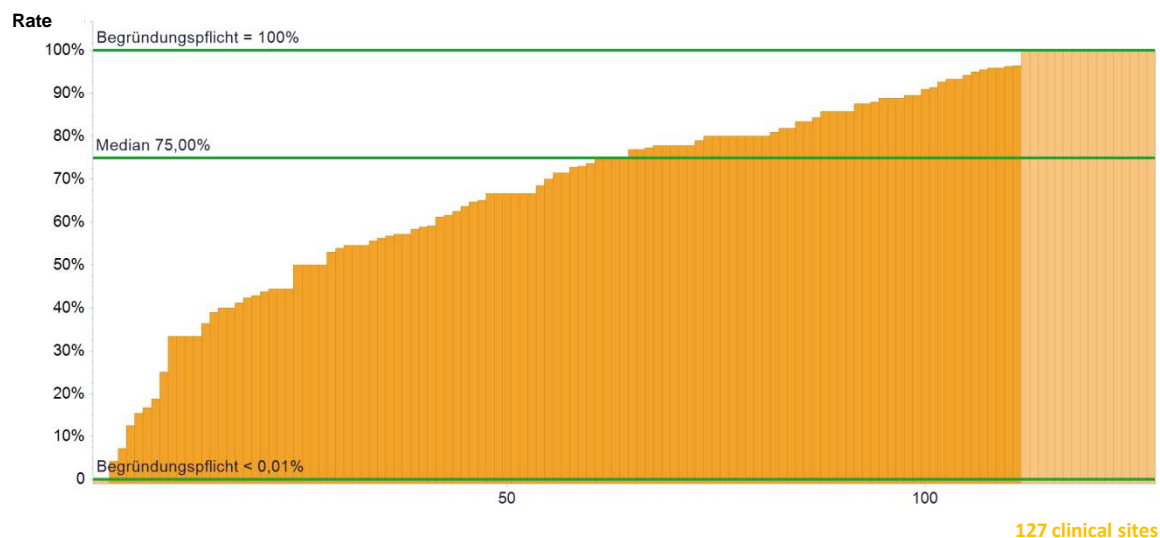** For values outside the plausibility limit(s) the Centres must give the reasons.
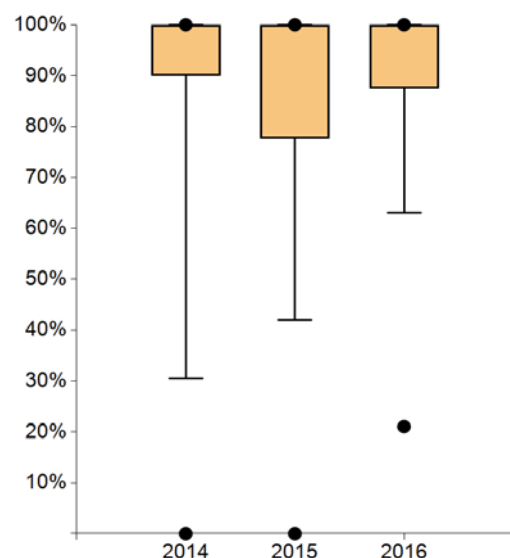
		2012	2013	2014	2015	2016
●	Max	-----	-----	100%	100%	100%
	95th percentile	-----	-----	100%	100%	100%
	75th percentile	-----	-----	100%	100%	100%
	Median	-----	-----	100%	100%	100%
	25th percentile	-----	-----	90.00%	77.78%	87.50%
	5th percentile	-----	-----	30.48%	42.00%	63.08%
●	Min	-----	-----	0.00%	0.00%	21.05%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
127	99.22%	47	37.01%

Comments:
The median of the quality indicator from the guidelines remained the same and the 25th and 5th percentiles and the minimum value increased. 91 Centres were able to maintain or increase their rate of diagnostic reports with details of lymph node status compared with 2015. 27 Centres had lower values than the previous year. The 15 Centres with the lowest rates in 2015 were all able to increase their rate in 2016.

Begründungspflicht = mandatory statement of reasons

21. Cytological/histological lymph node staging (GL cervix QI 4)

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127 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	"Total cases" with cytological/histological lymph node staging	7*	0 - 31
Denominator	"Total cases" with cervical carcinoma FIGO stages ≥ IA2-IVA	11*	1 - 45
Rate	Mandatory statement of reasons** < 0.01% and =100%	66.67%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
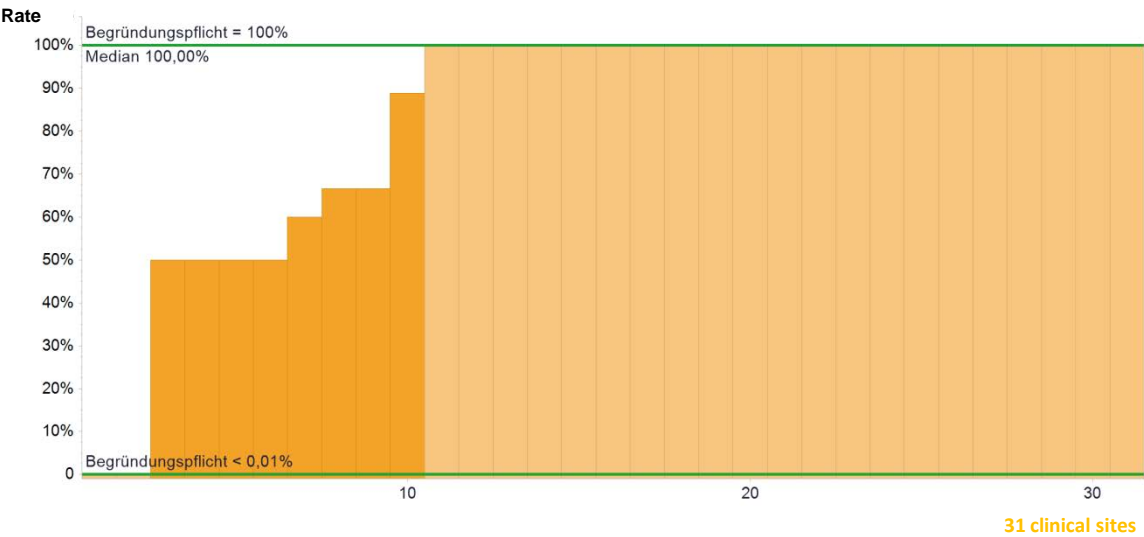** For values outside the plausibility limit(s) the Centres must give the reasons.
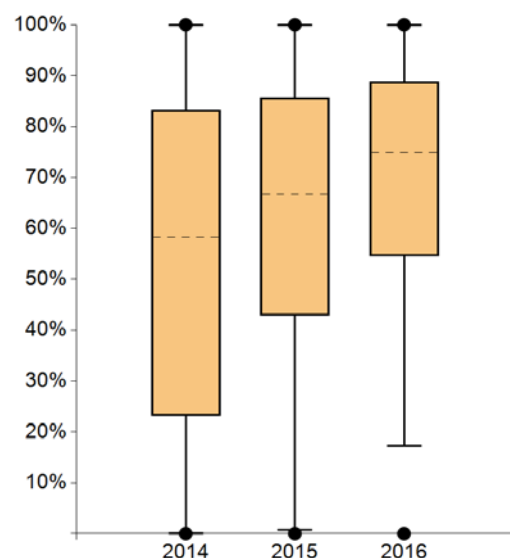
		2012	2013	2014	2015	2016
●	Max	-----	-----	100%	100%	100%
	95th percentile	-----	-----	100%	100%	100%
	75th percentile	-----	-----	83.34%	85.71%	88.89%
	Median	-----	-----	58.33%	66.67%	75.00%
	25th percentile	-----	-----	23.22%	42.86%	54.55%
	5th percentile	-----	-----	0.00%	0.71%	17.29%
●	Min	-----	-----	0.00%	0.00%	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
127	99.22%	109	85.83%

Comments:
The median of the quality indicator from the guidelines steadily increased over the last three years. Consequently, the majority of the Centres increased their rate of cases with complete lymph node staging in 2016. Two Centres did not document lymph node staging in 2016 (2015: 7 centres). The reason given by one Centre was the lack of recording in the tumour documentation system. The second Centre had a rate of 0% the previous year, too.

Begründungspflicht = mandatory statement of reasons

22. Exenteration (GL cervix QI 9)

Rate

Begründungspflicht = 100%
Median 100,00%

Begründungspflicht < 0,01%

31 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	"Surgical non-primary cases" with local R0 resection	1*	0 - 8
Denominator	"Surgical non-primary cases" with a cervical carcinoma and tumour recurrence and exenteration	1*	1 - 9
Rate	Mandatory statement of reasons** < 0.01% and =100%	100%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
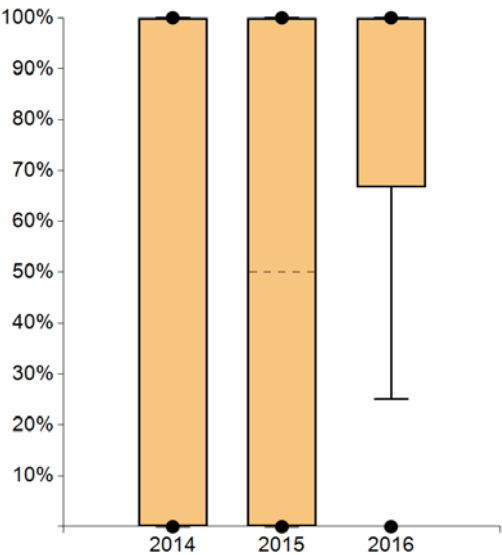
		2012	2013	2014	2015	2016
●	Max	-----	-----	100%	100%	100%
	95th percentile	-----	-----	100%	100%	100%
	75th percentile	-----	-----	100%	100%	100%
	Median	-----	-----	0.00%	50.00%	100%
	25th percentile	-----	-----	0.00%	0.00%	66.67%
	5th percentile	-----	-----	0.00%	0.00%	25.00%
●	Min	-----	-----	0.00%	0.00%	0.00%

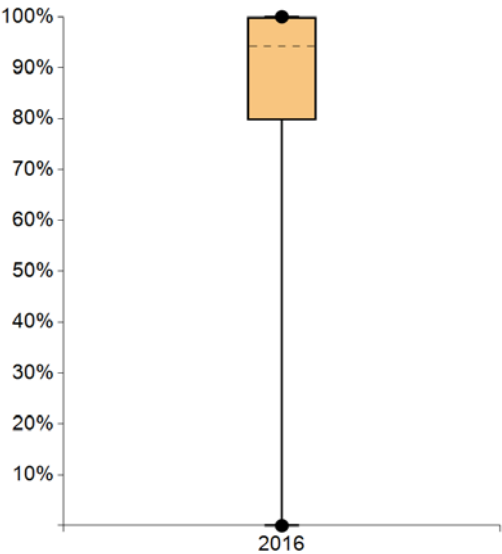| Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
31	24.22%	8	25.81%

Comments:
97 Centres did not perform any exenterations in 2016 in the case of cervical carcinoma patients and were not, therefore, included in the evaluation (denominator = 0). The other Centres had a local R0 resection (78.0%) in 46 out of a total of 59 patients with exenteration. The previous year the R0 resection rate was 56.9% (33/58) across all Centres. In 2016 two Centres did not achieve a R0 resection in any case with exenteration (in 2015 there were still 15 Centres). Both had small populations (n=3 and n=1).

Begründungspflicht = mandatory statement of reasons

23. Details in pathology report in the case of initial diagnosis and tumour resection (GL vulva QI 1)
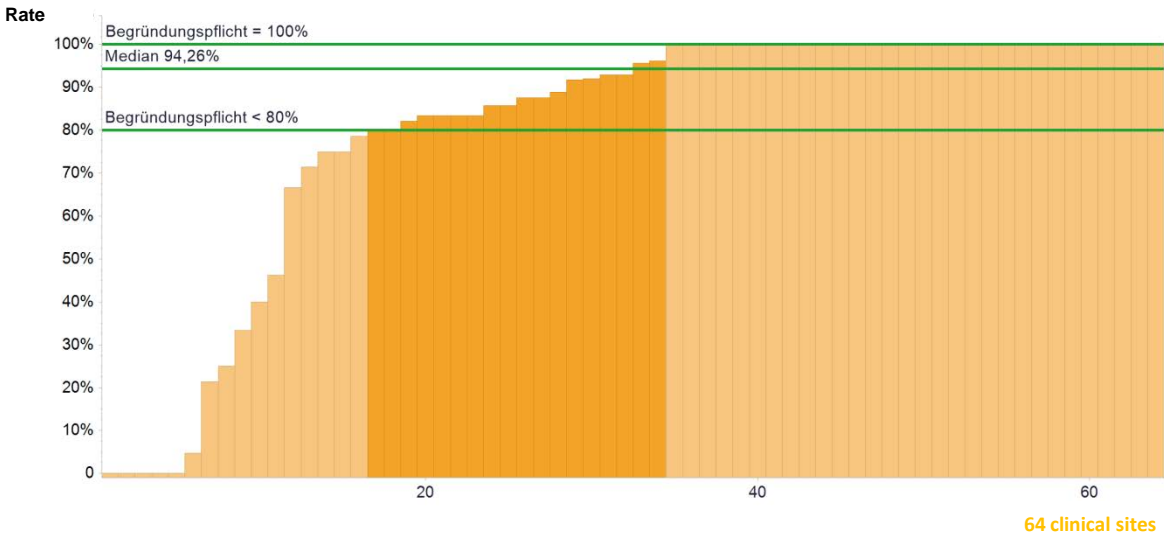
Rate

Begründungspflicht = 100%
Median 94,26%
Begründungspflicht < 80%

64 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients with pathology reports (def. see Data Sheet)	6*	0 - 75
Denominator	Patients with initial diagnosis vulvar carcinoma and tumour resection	8*	1 - 78
Rate	Mandatory statement of reasons** <80% and =100%	94.26%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.

		2012	**2013**	**2014**	**2015**	**2016**
●	Max	-----	-----	-----	-----	100%
	95th percentile	-----	-----	-----	-----	100%
	75th percentile	-----	-----	-----	-----	100%
	Median	-----	-----	-----	-----	94.26%
	25th percentile	-----	-----	-----	-----	79.64%
	5th percentile	-----	-----	-----	-----	0.00%
●	Min	-----	-----	-----	-----	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
64	50.00%	18	28.13%

Comments:
The quality indicator from the guidelines for vulva carcinomas was recorded for the first time in 2016. Hence, the Centres were not obliged to record the indicator. The reason given by the Centres with low rates of complete diagnostic reports after tumour resection was that the processes for complete reports and tumour documentation were currently being implemented. Frequently, individual pieces of information in the diagnostic report were missing, e.g. the infiltration depth of the tumour or information about infiltration of the perineurium.

Begründungspflicht = mandatory statement of reasons

24. Details in pathology report in the case of lymphonodectomy (GL vulva QI 6)
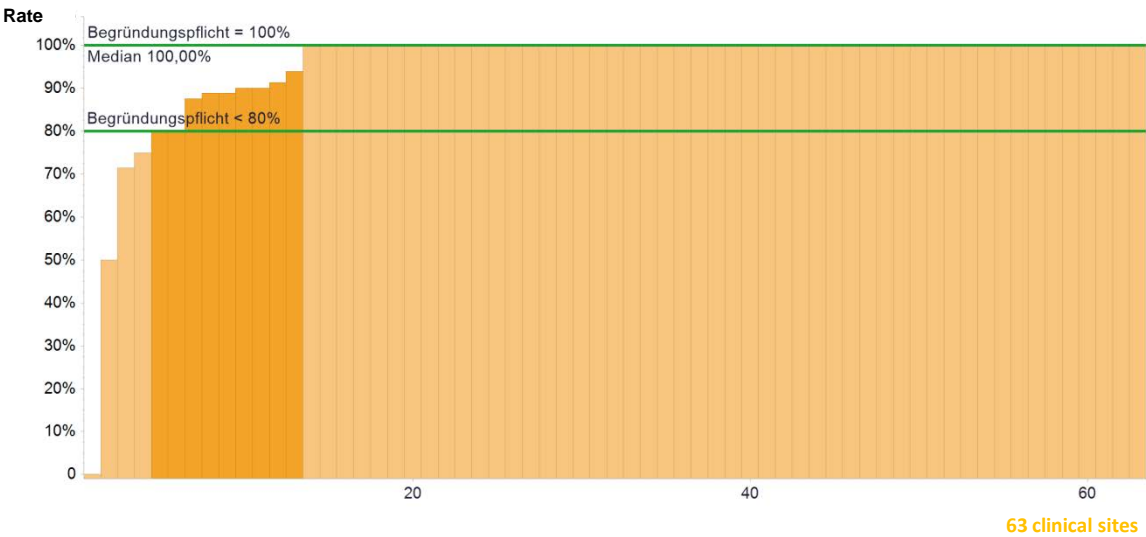
	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients with pathology reports (def. see Data Sheet)	5*	0 - 31
Denominator	Patients with initial diagnosis vulvar carcinoma and lymphonodectomy	5*	1 - 33
Rate	Mandatory statement of reasons** <80% and =100%	100%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
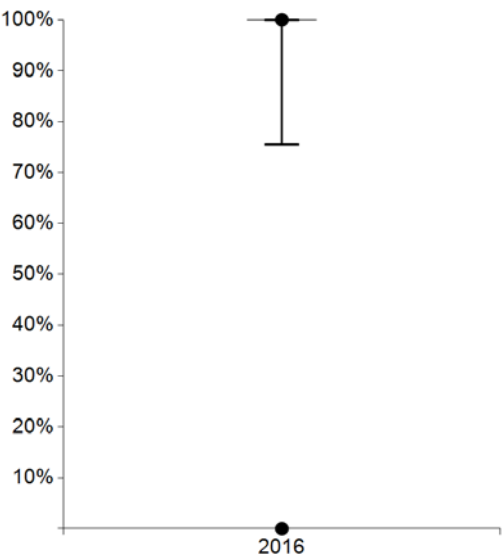
		2012	2013	2014	2015	2016
●	Max	-----	-----	-----	-----	100%
	95th percentile	-----	-----	-----	-----	100%
	75th percentile	-----	-----	-----	-----	100%
	Median	-----	-----	-----	-----	100%
	25th percentile	-----	-----	-----	-----	100%
	5th percentile	-----	-----	-----	-----	75.50%
●	Min	-----	-----	-----	-----	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
63	49.22%	9	14.29%

Comments:
The quality indicator from guidelines on full details of lymph node status in the diagnostic report after a lymphonodectomy in the case of a vulva carcinoma was recorded for the first time in 2016 and its reporting was, therefore, voluntary for the Centres. 63 reported results for this indicator. Four Centres were obliged to give reasons because of the low rates. Of them three had low denominators (<10). The Centres stated that the processes for preparing the diagnostic reports were adapted in agreement with the pathologist in order to increase the rates.

Begründungspflicht = mandatory statement of reasons

25. Local radical excision (GL vulva QI 4)
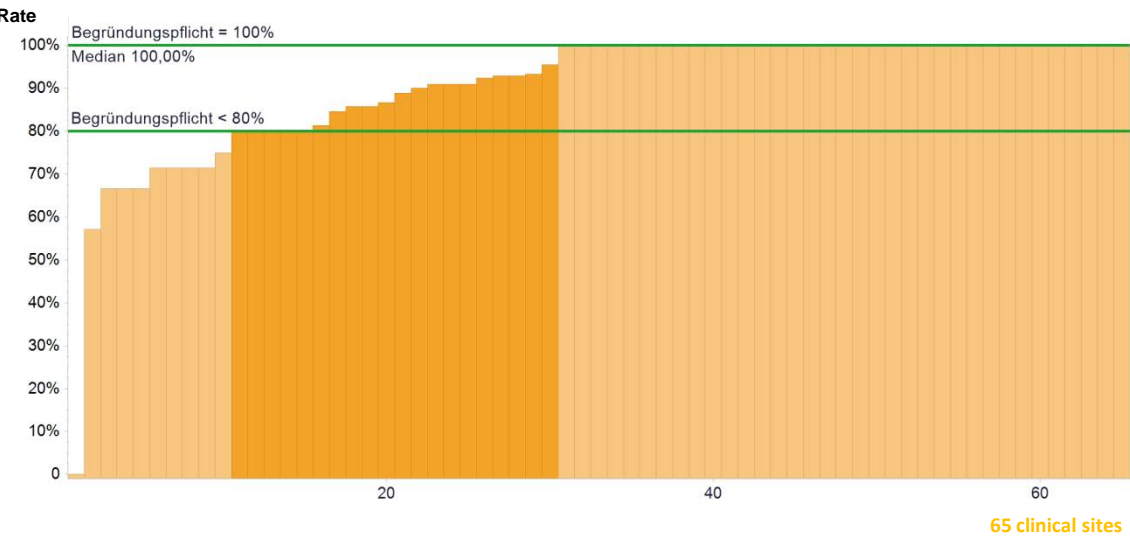
	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patiens with local resection with a clear resection margin	6*	0 - 67
Denominator	Patients with initial diagnosis vulvar carcinoma and a T1a or T1b tumour	7*	1 - 67
Rate	Mandatory statement of reasons** < 80% and =100%	100%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
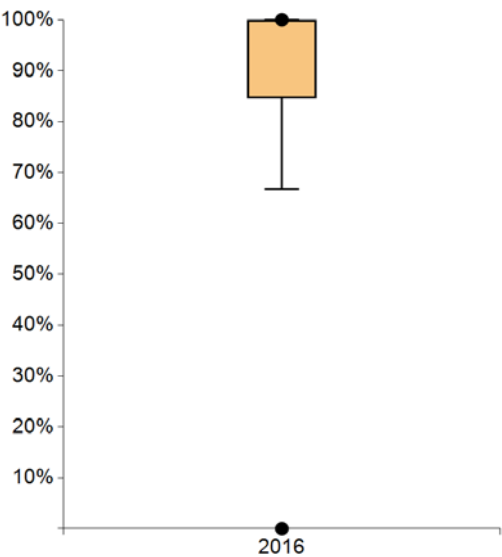
		2012	2013	2014	2015	2016
●	Max	-----	-----	-----	-----	100%
	95th percentile	-----	-----	-----	-----	100%
	75th percentile	-----	-----	-----	-----	100%
	Median	-----	-----	-----	-----	100%
	25th percentile	-----	-----	-----	-----	84,62%
	5th percentile	-----	-----	-----	-----	66,67%
●	Min	-----	-----	-----	-----	0,00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
65	50.78%	20	30.77%

Comments:
Also the rate of the radical local excision of the T1a/b vulva carcinoma was recorded for the first time in 2016 and the Centres were not obliged to record this indicator. 10 of the 65 Centres included in the report had to give reasons because of the low rates (<80%). Here the individual cases were analysed and replayed by the experts during the audits. The 10 Centres all had small denominators (n<10).

Begründungspflicht = mandatory statement of reasons

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26. Conduct inguinofemoral staging (GL vulva QI 6)
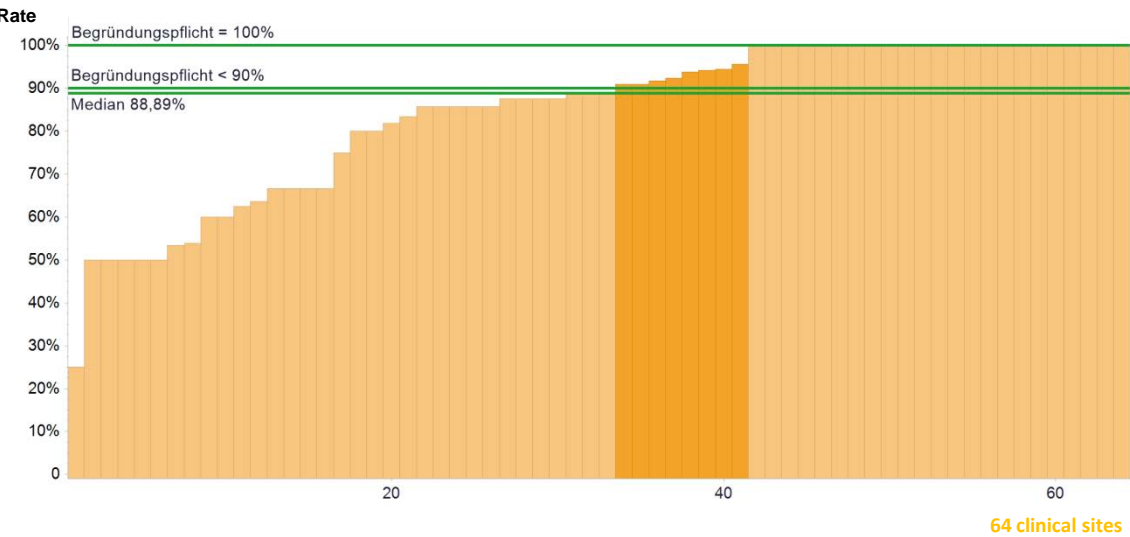
64 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients with surgical staging of inguinofemoral lymph nodes	5.5*	1 - 60
Denominator	Patients with initial diagnosis vulvar carcinoma >= pT1b (no basal cell carcinoma and no verrucous carcinoma)	7*	1 - 64
Rate	Mandatory statement of reasons** < 90% and =100%	88.89%	25.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
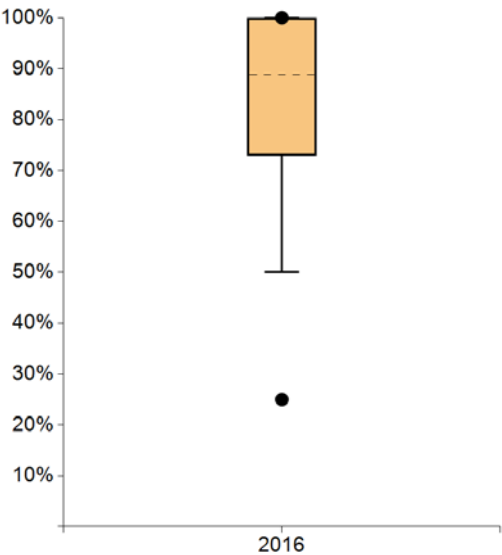
		2012	2013	2014	2015	2016
●	Max	-----	-----	-----	-----	100%
	95th percentile	-----	-----	-----	-----	100%
	75th percentile	-----	-----	-----	-----	100%
	Median	-----	-----	-----	-----	88.89%
	25th percentile	-----	-----	-----	-----	72.92%
	5th percentile	-----	-----	-----	-----	50.00%
●	Min	-----	-----	-----	-----	25.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
64	50.00%	8	12.50%

Comments:
As in the case of the other quality indicators from the guidelines for vulva carcinoma, the rate of patients who had undergone inguinofemoral staging of pT1B tumours were recorded on a voluntary basis for the first time in 2016. 33 out of the 64 Centres included in the annual report had a low rate requiring a statement of reasons (= 51.65%). The reasons they gave for cases without lymph node staging were: advanced age, comorbidities, remote metastasis, patient wish. 26 out of the 33 Centres had a small population (n<10).

Begründungspflicht = mandatory statement of reasons

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27. Sentinel lymph nodes biopsy (GL vulva QI 7)

Rate

Begründungspflicht = 100%
Median 100,00%
Begründungspflicht < 80%
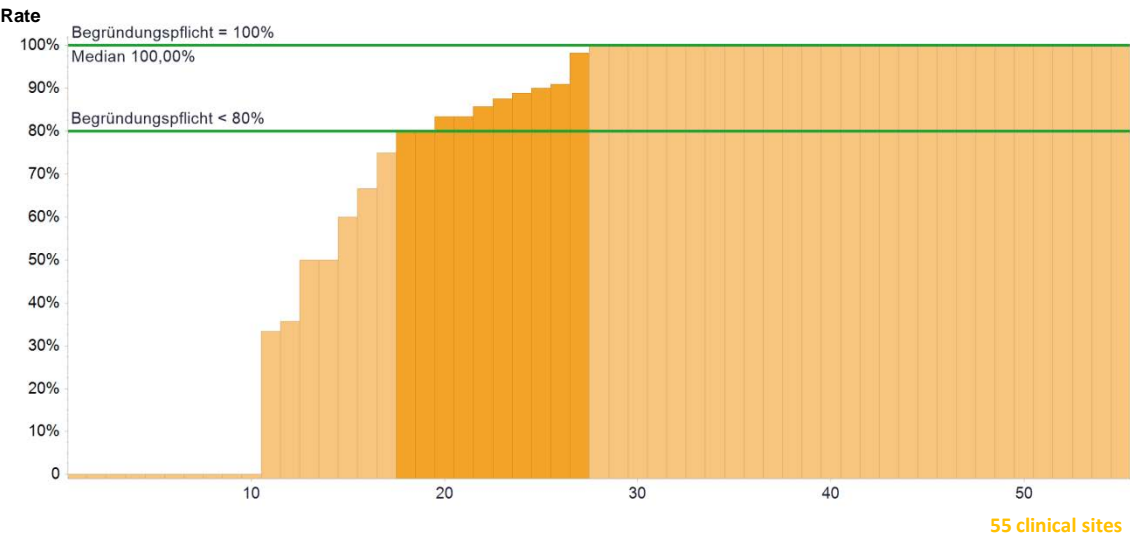
55 clinical sites

	Indicator definition	All clinical sites 2016	
		Median	**Range**
Numerator	Patients with the presence of the described characteristics (def. see Data Sheet)	3*	0 - 56
Denominator	Patiens with primary diagnosis of an invasive vulva carcinoma and a sentinel lymph node biopsy	4*	1 - 57
Rate	Mandatory statement of reasons** < 80% and =100%	100%	0.00% - 100%

*The medians for numerator and population do not refer to an existing Centre but indicate the median of all cohort numerators and the median of all cohort denominators.
** For values outside the plausibility limit(s) the Centres must give the reasons.
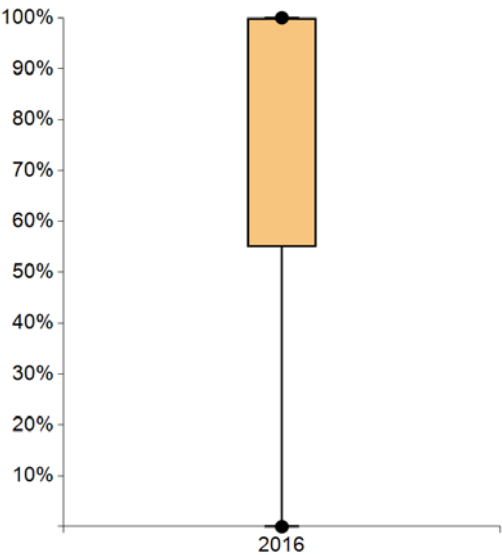
		2012	2013	2014	2015	2016
●	Max	-----	-----	-----	-----	100%
	95th percentile	-----	-----	-----	-----	100%
	75th percentile	-----	-----	-----	-----	100%
	Median	-----	-----	-----	-----	100%
	25th percentile	-----	-----	-----	-----	55.00%
	5th percentile	-----	-----	-----	-----	0.00%
●	Min	-----	-----	-----	-----	0.00%

Clinical sites with evaluable data		Clinical sites within the plausibility limits	
Number	%	Number	%
55	42.97%	10	18.18%

Comments:
With this indicator it is to be examined whether the requirements defined in the guidelines have been met in patients with a vulva carcinoma who underwent a sentinel lymph node biopsy. The indicator was recorded for the first time in 2016. 17 Centres had a low rate requiring a statement of reasons (30.9% of the Centres included in the annual report). In many cases the ultra staging process was not yet fully implemented. The Centres stated that the process would now be introduced in agreement with the pathologists.

Begründungspflicht = mandatory statement of reasons

WISSEN AUS ERSTER HAND (FIRST-HAND KNOWLEDGE)

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